19247 CAC)
PRINTED: 02/15/2017
FORM APPROVED
OMB NO. 0938-0391

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_		02	C 2/03/2017	
	ROVIDER OR SUPPLIER OD 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 SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS		Wo	000			
	1/11/17 - 2/3/17 and in investigations: 65074-65216-I. Condition-level deficie and W318. These findings led to of Immediate Jeopard On 1/12/17 at approxidetermined based on ensure appropriate states Staff utilized unauthor inappropriate client be failed to report incider management by peers plan to remove the IJ, of behavior intervention programs, in addition the home. The IJ was approximately 8:00 p.1. On 1/19/17 at approxifacility was notified IJ the facility's failure to the treatment and pain massignificant injuries. The to remove the IJ, which medical staff on assess protocols for x-ray and standards of care for particular investigations.	encies were cited at W266 the following determinations by (IJ): mately 4:40 p.m., IJ was the facility's failure to aff interaction with clients. ized techniques to address chavior. Additionally, staff at sof inappropriate behaviors. The facility developed a which included staff training ons and behavior support to increased supervision in a removed on 1/12/17 at m. mately 11:00 a.m., the was determined based on consure timely medical anagment for clients with the facility developed a planth included retraining of sement of injuries, facility		See attack POC 2/24/r	heol 7)		
	p.m.	noice were cited at MASS					
		ncies were cited at W125,		TITLE		/VC) DATE	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURA

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534			
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W 000	Continued From page 1 W153, W288, and W322.		wo	00			
W 125	483.420(a)(3) PROTE RIGHTS		W 1	25			
	Therefore, the facility individual clients to ex of the facility, and as a including the right to fit to due process. This STANDARD is not as a client search person's health of acidity failed to consist all clients regarding he each person's health of failed to act promptly sought and adequate significant injury. This clients (Client #1) ider survey of #65074-C, 65216-I. Finding follows: Record review on 1/10 Report, dated 1/13/17 Resident Treatment V detailed staff assisted change. When rolling against staff, the staff #1 slid off the bed. Stand prevented his/her reaching the floor; Client had their arms under the client back to the client's thumb bled. F	a affected 1 of 2 sample ntifled during the complaint 65079-I, 65215-C, and 6517 revealed an incident at 6:45 a.m., completed by Vorker (RTW) A. The report Client #1 with a brief I towards and resting as knee gave out and Client #1 taff had a hold of Client #1					

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		16G003	B. WING_			C 02/03/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		2,00,2017	
				711 SOUTH VINE STREET			
GLENWO	OD RESOURCE CENTER			GLENWOOD, IA 51534			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORR		(X5) COMPLETION	
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W 125	Continued From page		W 1:	25			
		caught on the bed brake					
		the thumb and immediately					
	called for other staff to	o call nurse.				İ	
	The vaport firsther dee	unanted the fall and head					
	•	umented the fall and head toccurred. Registered					
	Nurse (RN) A docume	-					
		m. she observed a dime					
	· ·	en skin, to the client's left					
	knee and a pink mark, approximately 0.7 centimeters (cm) by 0.4 cm on his/her right knee;						
		were noted to either knee.					
		nented, "rt (right) hand rt					
		appears to be very much					
	= '	sed and swollen, nail bed is					
	-	nail seems to be split near ling slightly. Nail bed bluish					
		ilse" The report further					
	noted the ARNP asked	•					
		possible and she would					
		RNP arrived at 7:31 a.m. to	ı			A	
	see Client #1 and inst	ructed administration of					
		ocumented, " 7:35 a.m.					
		h(his/her) routine meds to					
		keep (his/her) PRN Tylenol					
		ach upset as (Client #1) is					
		out" RN A documented					
		RNP to put a "stat" order on ient #1's right thumb, wrist					
	and hand. A gentle sp						
		RNP and his/her right hand					
		s they awaited x-ray to rule					
	out fracture.						
	Additional record revie	ew revealed Client #1's					
	clinical notes. Review	revealed the following:					
	a. 1/13/17 at 9:17 a.n						
	nursing assessment: '	'near fall this am (morning)					

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 16G003 B. WING 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET **GLENWOOD RESOURCE CENTER** GLENWOOD, IA 51534 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 125 Continued From page 3 W 125 during routine cares, knees scraped floor, small abrasion, right thumb w/(with) swelling, bruising, injury to nail, and unnatural appearing alignment per (RN A)... x-ray order in place, awaiting mobile x (x-ray) arrival, thumb splinted, Tylenol given also, (Physician A) aware," b. 1/13/17 at 10:45 a.m., Licensed Practical Nurse (LPN) A documented nursing assessment: "(Client #1) has been making vocal sounds [on a regular basis]...Right thumb swollen and red and bruise in color. Limited ROM (range of motion) to extremity of thumb. Nail is pushing outward with edema under nail bed and bleeding around nail. Area cleansed and ice applied with ace wrap applied. [Mobile x-ray] was here with [x-ray] completed... Trauma to right thumb... To be seen by OD (on duty physician)." c. 1/13/17 at 11:10 a.m., RN B documented nursing assessment: "right thumb, distal section w/ significant swelling, bleeding from the thumb nail site, blue in color" Assessment: "trauma to right thumb... seen by Physician A [at] GRC's (Glenwood Resource Center) clinical wing... x-ray report available now, multiple fractures reported, ER (emergency room) evaluation pending..." d. 1/13/17 at 12:00 p.m., LPN A documented nursing assessment: "To JEMH (Jennie Edmundson Methodist Hospital) by state van with a departure time of 12:30 p.m..." e. 1/13/17 at 4:19 p.m., RN C documented ER communication: "...client is being admitted... Client will be taken to surgery sometime dx (dignoses) fracture..." f. 1/13/17 at 8:00 p.m., RN C documented JEMH

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W 125	has a splint and 1/2 c Additional record revi- center grievance, data completed by RTW A 1/13/17 Client #1 had his/her right thumb. T 6:45 a.m. Client #1 re Nurses came to the h and took vitals. The A to the house at approx ARNP ordered x-rays "This [writer] overhead the phone stating Mot		W 1.	25			
	of x-ray [at] 11:00 a.m "Nurse said (Physicial #1) [at] clinic. Staff re to house but that didn being [filed] on behalf that he had to suffer for seen and sent to hosp Treatment Program M the grievance for revie documented, "(Client injury to (his/her) [righ 6:45 a.m. (He/She) w waiting several hours. intervention" Treatment Program A the grievance 1/20/17 was noted to occur or (Client #1) left for treat	anager (TPM) A received ew on 1/18/17. TPM A #1) sustained a serious t] thumb on 1/13/17 [at] eas sent to hospital after Injury required surgical dministrator (TPA) A signed and noted, "The injury					

•	IMBER: A. BUILI	DING	(X3) DATE SURVEY COMPLETED	
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ER at noon. I met with the brother/guardi discuss the incident." TPA A further noted family was also concerned about the dela services." The Human Rights Committee (HRC) receives the grievance on 1/23/17. A summary of findings was issued 2/3/17, and included: "There were concerns regarding the judisurrounding the delay in sending client to hospital. First nursing assessment stated thumb on visual exam appears to be very out of alignment'; then issue becomes less where staff indicate that they requested (Physician A) come out to the house, but a for the request is not listed Also Mobile-unable to be at campus until 2 hours after request. Although Mobile-X contract state results for a STAT call is 4 hours, it may be to examine time frames for making decision regarding where or who performs X-ray Looking into policies, there may be room fimprovements and updating. The Radiolo Protocol seemed to reference old process a small portion dedicated to GRC current practice. The other trainings being unknow there are NO GRC policies on pain managemergent fractures, physical assessments impediment" When interviewed on 1/24/17 at 12:30 p.m. B stated she came from the hallway when injury first occurred and RTW A asked for RTW B stated she saw Client #1's injury a immediately began swelling and turning p the nail bed was popped up and it bled. Stated it appeared to be a bad injury and "very obvious it was broken." RTW B state called Licensed Practical Nurse (LPN) A acceleration and the call services and the call surse (LPN) A acceleration and the call services and called Licensed Practical Nurse (LPN) A acceleration and called Licensed Practical Nurse (LPN) Acceleration and called Licensed Practical Nurse (LPN) Acceleration and called Licensed Practical Nurse (LPN) Acceleration and called	an to d, "The y in eived their gment 'rt much s clear a time -X was es that e wise ons for ogical ses with wn as gement, s with n. RTW n the help. and it urple, She t was ted she	125		

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W 125	Nurse (RN) A then ar stated she took Clien higher blood pressure little high BP; his/her elevated." RTW B st thumb was broken, a Advanced Registered A came to the home shad made a makeshi #1's thumb. ARNP A to assess Client #1's would get x-rays. Whatated it did not appear #1's injury. RTW B reentire time he waited they waited to see Phx-rays were taken. Supervisor and every to immediately to the RTW B accompanied room. She stated the p.m. and arrived at 12 to the hospital, she st so long to get (him/her #1 was clearly in pain cries. She stated her 7:00 a.m. and had reconceded more. She reclient #1 while in triaghim/her Lortab. They x-rays, again. Client given morphine. RTV have gone right out to filed a grievance on C stated she was frustra have Physician A comtold them the physician	e 6 Imediately. Registered rived to assess. RTW B It #1's vitals: Client #1 had a It #1's vitals: Client #1's It had a heartrate was "a little It ated she thought Client #1's It had RTW A and LPN A. It hurse Practitioner (ARNP) Ishortly after 7:00 a.m. RN A It handage/splint for Client It did not remove the bandage Injury, she just said they It had been in pain the It to go to ER. She stated It is ported Client #1 in pain the It to go to ER. She stated It is ported Client #1 needed IER and It did not happen. It is client #1 to the emergency It is left campus around 12:10 It is and let out "gut wrenching" It is had been in pain since It is and let out "gut wrenching" It is had been in pain since It is and let out "gut wrenching" It is had been in pain since It is and let out "gut wrenching" It is had been in pain since It is and let out "gut wrenching" It is had been in pain since It is and let out "gut wrenching" It is had been in pain since It is and let out "gut wrenching" It is be atted Client #1 back to take It is behalf. She It is behalf. She It is behalf. She It is behalf. She It is the Client #1 to clinic. It is an was not coming to the	W	125			

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W 125	whole time he/she was every supervisor and needed to go to ER, b According to facility p	#1 was clearly in pain the ited. She stated she told every nurse that Client #1 out no one listened.	W 1	25			
W 153	manner maintaining their individuality and consideration, respecting the dignity and individuality and	t and full recognition of their	W 1	53			
	mistreatment, neglect injuries of unknown so immediately to the ad	ource, are reported ministrator or to other e with State law through					
	Based on interviews facility failed to consist potential client abuse, identified and reporter administrator. This process (Client #2) identified of	d immediately to the ertained to 1 of 2 clients					
	report, dated 1/10/17 Treatment Supervisor RTS documented Clie	1/17 revealed an incident , completed by Resident r (RTS) A at 2:45 p.m. The ent #2 grabbed and pulled a) hair with both hands. The					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
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W 153	Worker (RTW) C inter Additional staff preser According to the report hands close to the starting can help with this." In forefinger and thumb a client's nose. His finger the client's mouth. He breathe, (he/she) will and explained that he removed him from the When interviewed on admitted he saw Client walked to the group for thumb and first finger pinched the clients' non tightly on the client did this to distract the done this about a wee RTW F's hair. He said clients' nose about 10 client released, RTW I being shown this tech the two times. Interview with RTW D phone, confirmed she on 1/10/17. She explae is stated he thought he RTW E put hands on mouth. The supervisor that and he let go. Als last time." She reported only took 20 seconds	at #2, Resident Treatment vened along with RTS A. In were RTW D and PA B. Int, staff held the client's ff's head and waited for the che group continued to wait, If the group and stated, "I mediately he took his and placed them on the ers were placed in front of e stated, "If (he/she) can't let go." The RTS intervened could not do that and situation and the house. 1/11/17 at 1:35 p.m. RTW E at #2 pulling PA A's hair, He com the front and put his on the clients' nose. He is e. He said his hands were to so he confirmed he had k prior when Client #2 had	W 153				

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1 1 10-1 1/1	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			- E	(X5) OMPLETION DATE	
During Clients clients convey not hur up and nose a (he/she noted I and wa When confirm held th blocker observ could it over C finger of (he/she Immed that an area are superv When explair prior-a was prior-a wa	an interview w #2 pulled her h hands close to yed to the staff rting her. She s I put his hands and lips. RTW E e) can't breathe he pinched the has told to stop a interviewed on hed she assiste he client's hand d the client from hed RTW E wal help with this. H lient #2's mout on the client's r he) can't breathe hiately the RTS hid he let go. Sh had informed him hisor's office an interviewed on hed Client #2 p pproximately 1 resent during the her she did not she was bent f was going on. S next that they in her to release her who told h	with PAA, she explained the pair on 1/10/17. She held the part of her own head and helping that the client was stated she saw RTW E walk and fingers over clients E commented about if the (he/she) will let go. She nose for a couple seconds	W 1	53			

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GLENWO	OD RESOURCE CENTER	t 			11 SOUTH VINE STREET GLENWOOD, IA 51534		
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W 153	3 Continued From page 10		w ·	153			
W 266	Management policy, e instructed, "All staff assure individual safe and therefore shall regimmediately." The pol requirements, which c immediately verbally reported that may be reported to supervisor or supervisor or supervisor or supervisor or supervisor or supervisor equirements further assupects, has knowled abuse shall report to Department of Inspect hours of knowledge of the Inspect of the Inspect of the Inspect of the Inspect of interaction with clients techniques to address behavior. Additionally incidents of inapproprisor by peers. The facility of the IJ, which included interventions and behaddition to increased and the IJ was removed as 300 p.m. 483.450 CLIENT BEH PRACTICES	icy included staff reporting lirected, "Staff shall report all incidents, including corted to the staff's direct line for on duty." The lirected, "The staff that dge of, or receives a report the allegation to DIA (Iowa tions and Appeals) within 24 of the incident" mately 4:40 p.m., was determined based on report at the incident" mately 4:40 p.m., was determined based on report at the incident of the inc	W 2	266			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND PLAN OF CORRECTION (X1) PROVIDERSOPPLIEFOCIA (X1) PROVIDERSOPPLIEFOCIA (X1) PROVIDERSOPPLIEFOCIA		(XT) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	A, BUILDING			COMPLETED	
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W 266	Continued From page	11	W 2	266			
	Based on interview a failed to maintain min	tly utilized approved					
	4:40 p.m., based on the appropriate staff intensitized unauthorized in inappropriate client be failed to report incider management by peersplan to remove the IJ, training of behavior in support programs, in a	n 1/12/17 at approximately e facility's failure to ensure vention with clients. Staff techniques to address chavior. Additionally, staff ats of inappropriate behavior s. The facility developed a which included staff terventions and behavior addition to increased ne. The IJ was removed on					
W 288	record review, the factoristently and corrections to address behavior. Staff utilize address inappropriate addressed in the individual of	ss inappropriate client d unapproved techniques to client behavior not	W 2	288			
	Techniques to manag behavior must never an active treatment p	oe used as a substitute for					

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W 288	Continued From page	12	W 28	8		
	Based on interviews facility failed to ensure correctly utilized approaddress inappropriate utilized unapproved to inappropriate client be individual program plate client (Client #2) ident of 65074-C and 65075. Finding follows: Record review on 1/12 report, dated 1/10/17, Treatment Supervisor RTS documented Client Psych Assistant's (PA staff assigned to Client Worker (RTW) C interned Additional staff present According to the report hands close to the state client to let go. While the RTW E walked toward can help with this." Inforefinger and thumb a client's nose. His finger the client's mouth. He breathe, (he/she) will be and explained that he removed him from the When interviewed on admitted he saw Client walked to the group for	client behavior. Staff chniques to address shavior not addressed in the n. This affected 1 of 1 ified during the investigation ol-1. /17 revealed an incident completed by Resident (RTS) A at 2:45 p.m. The nt #2 grabbed and pulled a hair with both hands. The t #2, Resident Treatment vened along with RTS A. t were RTW D and PA B. t, staff held the client's ff's head and waited for the he group continued to wait, the group and stated, "I imediately he took his and placed them on the ers were placed in front of stated, "If (he/she) can't et go." The RTS intervened				

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		16G003	B. WING			1	(03/2017		
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W 288	not tightly on the clied did this to distract the "Don't do that." and I Client #2 released hithe confirmed he had prior when Client #2 that time he held the seconds. As soon as released. He denied and just did it himsel confirmed training or explained when clier their hand to the heat Interview with RTW I phone, confirmed shon 1/10/17. She exp E stated he thought RTW E put hands or mouth. The supervisithat and he let go. A last time." She report only took 20 second go. RTW D had not sthe past. During an interview Client #2 pulled her client's hands close conveyed to the staff not hurting her. She up and put his handenose and lips. RTW (he/she) can't breath noted he pinched the and was told to stop	nose. He said his hands were ont's nose. He explained he explained he explained he explained. RTS A told him, he let go. Within a minute is hands from, PA A's hair. It done this about a week had RTW F's hair. He said client's nose about 10 is the client released, RTW Explained he to times. RTW Explained had until they tire out. Don 1/12/17 at 2:15 p.m. via explained the situation as RTW he could help. She stated in nose and over the client's or told him he could not do lso, RTW Exaid "it worked the RTW C also stated that it is last time and (he/she) let seen this technique used in with PA A, she explained hair on 1/10/17. She held the to her own head and fineling that the client was stated she saw RTW Exalk is and fingers over Client #2's Example complex seconds.		288					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING		(X3) DATE COMP	SURVEY
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held the client's hands blocked the client from observed RTW E walk could help with this. H over Client #2's mouth finger on the client's n (he/she) can't breathe Immediately the RTS to that and he let go. She area and informed him supervisor's office and When interviewed on explained Client #2 purior-approximately 1/2 was present during the however she did not swere. She was bent for what was going on. Shor the next that they plinget him/her to release remember who told he denied informing any sabout this information. Record review reveale support plan, started 1 behaviors of: aggressiself-injurious behavior inappropriate social be sexual behavior. The pulling. When staff sa BSP instructed staff to stop using a firm voice directed at staff. If you aggression is displayed aggression is directed.	ed with the incident. She is to PA A's head and also in head butting her. She is to PA A's head and also in head butting her. She is towards them saying he is put the palm of his hand in and his thumb and first it is tose and commented that if it is (he/she) will let go. It told him he could not do it is then had him leave the in he needed to go to the id she notified management. 1/12/17 at 2:40 p.m. RTW Fulled her hair the week is 1/17. She stated RTW Eight hair pulling incident, here where any staff's hands orward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the did hear a rumor that day lugged the client's nose toward and could not see the hair should not see the hair should not see the did hear a rumor that day lugged the client's nose toward and could not see the hair should n	W	288			

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W 288	the facility's failure to interventions with clies unauthorized technique client behavior. Additionable IJ, which included interventions and behaddition to increased:	ior. imately 4:40 p.m., was determined based on ensure appropriate staff	W 288	3	
W 318	8:00 p.m. 483.460 HEALTH CAI	RE SERVICES ure that specific health care	W 318	3	
	Based on observation reviews, the facility fall compliance with the C (COP) - Health Care S to ensure all clients we appropriate health can with their needs; inclusassess an injury and predication to alleviate fractured thumb. Findings follow: A determination of Immade based on the fall adequate assessment.	not met as evidenced by: ns, interviews, and record illed to be in minimal Condition of Participation Services. The facility failed vere consistently provided re services in accordance uding failure to adequately provide Client #1 pain e the severe pain from a amediate Jeopardy (IJ) was acility's failure to ensure at of significant injuries, on, and appropriate paint			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 318	The facility was notifical approximately 11:00 a a plan to remove the lof medical staff on assignation of care for protocols for x-ray and standards of care for pwas removed on 1/20 p.m. Cross-reference W32: and record reviews, the clients consistently recare to address acute failed to to adequately timely follow up, and pmanagement. 483.460(a)(3) PHYSIC The facility must proving general medical care. This STANDARD is in Based on interviews, facility failed to ensure received appropriate in acute health concerns assess client injury, exprovide adequate pair affected 1 of 1 client (cresult of investigation). Record review on 1/10.	ts with significant injuries. and of the IJ on 1/19/17 at a.m. The facility developed J, which included retraining sessment of injuries, facility d emergent care, and pain management. The IJ //17 at approximately 12:45 2: Based on interviews, the facility failed to ensure derived appropriate medical health concerns. Staff the assess client injury, ensure provide adequate pain CIAN SERVICES de or obtain preventive and out met as evidenced by: and record reviews, the the clients consistently medical care to address the Staff failed to adequately the number of the consistently medical care to address the Staff failed to adequately the clients #1) identified as a #62515-C and 62516-I.	W	318			
	received appropriate racute health concerns assess client injury, exprovide adequate pair affected 1 of 1 client (result of investigation Findings follow:	medical care to address 5. Staff failed to adequately nsure timely follow up, and n management. This Clients #1) identified as a #62515-C and 62516-I.					

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W 322	detailed staff assisted change. When rolling against staff, the staff #1 slid off the bed. S and prevented his/her reaching the floor; Cli and his/her body land had their arms under the client back to the client's thumb bled. F Client #1 hurt his/her have possibly gotten elever. Staff examined called for other staff to The report further docinjury assessment that Nurse (RN) A docume approximately 6:59 a. sized scrape, no brok knee and a pink mark centimeters (cm) by 0 no bruises or edema out of alignment, bruis raised up off nail bed base of nall and bleed tinged strong radial punoted the Advanced F Practitioner (ARNP) a stabilized as much as order an x-ray. The A see Client #1 and inst Tylenol. The report d hold off administering sure (he/she) can kee	Vorker (RTW) A. The report I Client #1 with a brief I towards and resting I's knee gave out and Client taff had a hold of Client #1 I' head and body from ent #1's knees hit the floor led on staff's knee. RTW A the client and lifted/rolled bed, when he noticed the RTW A did not know how thumb, but thought it may caught on the bed brake I the thumb and immediately to call nurse. Sumented the fall and head at occurred. Registered ented upon arrival at m. she observed a dime en skin, to the client's left I, approximately 0.7 I.4 cm on his/her right knee; were noted to either knee. hented, "rt (right) hand rt sination appears very much sed and swollen, nail bed is nail seems to split near ling slightly. Nail bed bluish ulse" The report further	W 3	22		

		IDENTIFICATION NITIMBED		(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
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W 322	[moaning and] yelling instruction from the Al the x-ray to include Cl and hand. A gentle si instruction from the Al elevated on a pillow a out fracture. Additional record revie clinical notes. Review timeline regarding Clie a. 1/13/17 at 9:17 a.m nursing assessment: "during routine cares, k abrasion, right thumb injury to nail, and unna per (RN A) x-ray ord x (x-ray) arrival, thumb also, (Physician A) aw b. 1/13/17 at 10:45 a. Nurse (LPN) A docum "(Client #1) has been regular basis] Right bruise in color. Limite extremity of thumb. Nedema under nail bed Area cleansed and ice applied. [Mobile x-ray completed Trauma t by OD (on duty physic c. 1/13/17 at 11:10 a. nursing assessment: "with significant swellin nail site, blue in color" right thumb seen by	RNP to put a "stat" order on slient #1's right thumb, wrist splint was applied per RNP and his/her right hand as they awaited x-ray to rule ew revealed Client #1's we revealed the following ent #1's injury: m., RN B documented "near fall this am (morning) knees scraped floor, small w/(with) swelling, bruising, satural appearing alignment der in place, awaiting mobile b splinted, Tylenol given ware." m., Licensed Practical nented nursing assessment: making vocal sounds [on a thumb swollen and red and ed ROM (range of motion) to sail is pushing outward with d and bleeding around nail. e applied with ace wrap y) was here with [x-ray] to right thumb To be seen	W	322				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE COMP	SURVEY PLETED
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W 322	d. 1/13/17 at 12:00 p. nursing assessment: 'Edmundson Methodis a departure time of 12 e. 1/13/17 at 4:19 p.m communication: "clie Client will be taken to (diagnosis) fracture" f. 1/13/17 at 8:00 p.m communication: "Cliereduction internal fixat has a splint and 1/2 ca When interviewed on Resident Treatment W. Client #1 fell out of be He explained he rolled while changing his/her against him. RTW A's client fell, partially on a floor. RTW A lifted Client #1's right thumb turning blue to purple. did not begin moaning about 10 -15 minutes out. RTW A re within five minutes to a stated medical treatment with the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	multiple fractures reported, evaluation pending" m., LPN A documented To JEMH (Jennie thospital) by state van with 30 p.m" n., RN C documented ER ent is being admitted surgery sometime dx r., RN C documented JEMH ent had ORIF (openion) of the Right thumb and est along with ace wrap" 1/18/17 at 1:15 p.m., forker (RTW) A confirmed divide he provided cares. If the client towards him brief, and leaned the client knee gave out and the RTW A and partially on the ent #1 back to his/her bed l. He looked at the client's irred fine, but noticed his/her it injury." He described as "purple and disfigured," RTW A stated Client #1 right away, but began later and continued to cryplaced cool packs on the co-worker to call the nurse called the nurse arrived assess the injury, and ent was needed. The nurse	W 32	22		
	called for mobile x-ray	s and they took two hours				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		0	(X3) DATE SURVEY COMPLETED	
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W 322	was broken and did n wasn't taken to the en stated it took two mor and they finally just to office. As soon as Phimmediately sent him/RTW A stated Client within 15 minutes of the wanted to send him/hubut they required phys. When interviewed on B stated she came from injury first occurred are RTW B stated she saw immediately began swithen an in bed was popphystated it appeared as obvious it was broken Licensed Practical Nuthe home immediately then arrived to assess Client #1's vitals: Client pressure (BP), but he his/her heartrate was stated she thought Client as did RTW A and LPI the home shortly after a makeshift bandage/stated they waited to see Phyx-rays. When asked they waited to see Phyx-rays were taken. Stated it took they waited to see Phyx-rays were taken. Stated it took they waited to see Phyx-rays were taken.	stated the nurse could tell it of understand why Client #1 nergency room. RTW A e hours to see Physician A, ok him/her to Physician A's sysician A saw Client #1, he ther to the emergency room. It showed significant pain the injury and the nurses er to the emergency room,	W	22			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE COMF	SURVEY PLETED
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W 322	RTW B accompanied room. She stated the p.m. and arrived at 12 to the hospital, she stated long to get (him/he #1 was clearly in pain cries. She stated he/s 7:00 a.m. and had reconeded more. She received and the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the firm of the	ER and it did not happen. Client #1 to the emergency y left campus around 12:10 ::40 p.m. When they arrived ated they asked "what took r) here?" She stated Client and let out "gut wrenching" she had been in pain since seived Tylenol, but he/she quested pain medication for the at the ER, and they gave took Client #1 back to take #1 was still in pain, and was 1/25/17 at 9:30 a.m. LPN A the call from RTW A and went and RTW B were at Client as apparent he/she had an the what happened. At that ared swollen and the thumb the up." LPN A attempted to the reported Client #1 ttle bit of pain." He thought him/her something for the the home, and he figured	W 3	322			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 322	left and told RN B the She reported the x-ray She told him they war clinic. LPN A reported to come out to the hor just bypassed him and LPN A reported he wad ARNP came to assess when Physician A ass realized Client #1's the cleaned his/her injury him/her out to the emereported Client #1 in put did not show pain Client #1 would act like in pain. LPN A stated job," except for Client should have been sensit was a very painful in with the injury to the normal fracture. When interviewed on Nurse A (RN A) stated house around 6:45 a.m. LPN A told her her fractured finger. RN A injury and noted the thof alignment. She repwas apparent he/she was in pain and she kerported she felt the cethe ER right away. RI was told the ARNP was on-call physician, the #1's thumb was probated.	thumb appeared swollen. y came back with a fracture, nted to see Client #1 in the d Physician A never refused me to see Client #1, they d sent the client to the clinic. is not in the home when the s, but he was with Client #1 essed him/her. Physician A umb was fractured. He and prepared to send	W 32.			

NAME OF PROVIDER OR BUPPLIER GLENWOOD RESOURCE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH WIRE STREET GLENWOOD, IA 51534 TAG PREPAY TAG W 322 Continued From page 23 uing a tongue depressor, gauze, and tape. She reported the full with the ARNP if the wanted an x-ray and told her site would order it "stat." Around 7:30 a.m., the ARNP arrived at the house to assess the injury. RN A offered to remove the bandage/splint for ARNP A to assess Client#1's flumb, but she said "No." Client #1 received Tylenci around 7:40 a.m. the saked it in the uruse informed her of an open area with some bleeding, but no deformity. When saked if client #1 was an open fracture. She stated she saked the nurse to get x-rays of the client was "a little loud," but she did not find it out of normal. ARNP A confirmed she never observed Client #1's injury with the bandage off. When interviewed on 1/18/17 at 2:30 p.m. Physician A reported the client was "a little loud," but she did not find it out of normal. ARNP A confirmed she never observed Client #1's injury with the bandage off. When interviewed on 1/18/17 at 2:30 p.m. Physician A reported the enceived an email from the health Care Coordinator Informity him of the Nested it client was "a little loud," but she did not find it out of normal. ARNP A confirmed she never congleta the x-rays. Physician A stated ARNP A went to the home to see Client #1's injury with the bandage off. When interviewed on 1/18/17 at 2:30 p.m. Physician A reported he received an email from the Health Care Coordinator Informing him Client #1's thumb was swollen. He asked if it was a soft tissue injury, ARNP A was unclear whether it was torn skin, laceration, or open wound, she just ordered x-rays, so Physician A reported the popt Client #1's hid or decrease the population of the Parkship and the population and the population and the population and the population and the population and the population and the population and the population and the population and the population and the population and	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER SIMMARY STREETS OF CERCIPICIDES SUMMARY STREETS OF CERCIPICIDES SELENWOOD, 14 51534 DIRECTION OF CONNECTION PROVIDERS TIAN OF CONNECTION PROVIDERS TIAN OF CONNECTION OWNER CACH DEPOSITION MICH DE PROCEDED BY FULL RESULATORY OR LISC IDENTIFYING INFORMATION) W 322 Using a tongue depressor, gauze, and tape. She reported the thumb bled from the nail, through the gauze. RNA asked the ARNP if she wanted an x-ray and told her she would order it "stat." Around 7:30 a.m., the ARNP arrived at the house to assess the injury. RN A offered to remove life bandage/splint for ARNP A to assess Clientiff's thumb, but she said not to the house to see Client #1. He/she sat in a whee/chair. She reported the hjury was bandaged, so she did not see that it was an open fracture. She stated she asked the nurse to got x-rays of the client's right hand fingersfithumb. ARNP A reported the client was "a little loud," but she did not find it out of normal. ARNP A confirmed she never observed Client #1's injury with the bandage off. When Interviewed on 1/18/17 at 2:30 p.m. Physician A stated ARNP A went to the home to see Client #1, prior to 8:00 a.m. ARNP A then came to a meeting and notified Physician A sho ordored x-rays. He asked to be notified when Mobile-X- arrived to complete the x-rays. Physician A reported he received an email from the Health Care Coordinator informing him Client #1's thumb was swollen. He asked if it was a soft tissue injury. ARNP A was unclear whether it was torr depend and reported the region of open word, she just ordered x-ray, so Physician A requested they bring Client #1's told into tolo sket It. Within 5-10					<u> </u>		С	
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W 322 Continued From page 23 using a tongue depressor, gauze, and tape. She reported the thumb bled from the nail, through the gauze. RN A asked the ARNP if she wanted an x-ray and told her she would order it "stat." Around 7:30 a.m., the ARNP arrived at the house to assess the injury. RN A offered to remove the bendage/sighit for ARNP A client #1 received Tylenol around 7:40 a.m. for pain. When interviewed on 1/18/17 at 2:45 p.m. ARNP A stated she went out to the house to sees Scilentiff the injury was bandaged, so she did not see that it was an open fracture. She stated she asked the nurse to get x-rays of the clients right hand fingers/humb. ARNP A reported the nurse informed her of an open area with some bleeding, but no deformity. When asked if Client #1 was in pain, ARNP A reported the client was "a tittle loud," but she did not find it out of normal. ARNP A continued she never observed Client #1's injury with the bandage off. When interviewed on 1/18/17 at 2:30 p.m. Physician A stated ARNP A went to the home to see Client #1's injury with the bandage off. When interviewed on 1/18/17 at 2:30 p.m. Physician A stated ARNP A was to the home to see Client #1's injury with the bandage off. When interviewed on 1/18/17 at 2:30 p.m. Physician A stated ARNP A was to the home to see Client #1's injury with the bandage off. When interviewed on condition to condition the x-rays. Physician A reported he received an email from the Health Care Coordinator informing him Client #1 thumb was swollen. He asked if twas a soft tissuic injury. ARNP A was unclear whether it was torn skin, laceration, or open wound, she just ordered x-ray, so Physician A requested they biring Client #1 to clinic to lock at it. Within 5-10				<u> </u>	GLENWOOD, IA 51534			
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		16G003	B. WING_				C /03/2017
	PROVIDER OR SUPPLIER DOD RESOURCE CENTER	?		STREET ADDRESS, CITY, STATE, ZIP CO 711 SOUTH VINE STREET GLENWOOD, IA 51534	DE		100,201.
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BI IE APPROPRIA		(X5) COMPLETION DATE
W 322	assessed. Physician swollen. There was in The nail was displace fracture and no soft tirreported Client #1 she appeared calm at this Tylenol was working. When interviewed on Director of Nursing (Different pain scales to said they need clinical pain in order to docume to docume the following guarding, physiologic physiologic II, and required the following guarding, physiologic physiologic II, and required the following guarding, physiologic physiologic II, and required the following guarding, physiologic physiologic II, and required the following guarding, physiologic physiologic II, and required the following guarding, physiologic II, and required the following guarding, and pain to "work document directed," Spain, 3-6 moderate pain, 3-6 moder	A reported the thumb was no laceration or torn skin. ad. He reported no open lessue injury. Physician A lowed no signs of pain and so point, and he thought the solon, and he thought the solon, assess client pain. She all evidence the client is inment this. 7/17 revealed Adult a (ANVPS). The scale grareas: face, activity, I (vital signs), and quired scoring from 0-2. The in provided the level of pain rest imaginable." The score of 0-2 indicates no lain, and 7-10 severe pain." 7/17 revealed nurses in #1 from 1/13/17. The lented the following: ssment completed by RN A / 88 and a pulse rate of 90,	Wa	322			

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 02/03/2017	
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	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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 322	"left knee has dime size and no edema noted, pink mark approx. 0.7 no bruises or edema a injury noted except rt assessment appears alignment, bruised and up off nail bed nail see nail and bleeding sligh strong radial pulse. Nealine was and On cal am She asked that the much as possible and (ARNP A) here on uni #1) CMA (certified me administer PRN (as note is moaning and yelling (RN A) to put a 'stat' of (his/her) Right thumb, done at 7:46 a.m. Ge instructed by (ARNP A) b. At 10:45 a.m. asset documented: pulse ra Subjective documented from dressing." Object #1) has been making bases [sic] Right thubruise in color Limite thumb. Nail is pushing under nail bed and ble Ray [sic] was here with c. At 11:10 a.m. asset documented: BP 138/18. Assessment did ranoted, "significant pain noted, "significant pain in the color."	e assessment further noted, zed scrape no broken skin, Rt (right) knee has only a cm (centimeters) by 0.4cm at either knee cap no other hand rt thumb on visual to be very much out of diswollen, nail bed is raised tems to be split near base of titly. Nail bed bluish tinged ail bed cleansed gently with all (ARNP A) called at 7:05 to thumb be stabilized as she will order a x-ray to at 7:31 a.m. to see (Client dication aide) instructed to deeded) Tylenol (Client #1) a out. (ARNP A) instructed rider for x-ray to include wrist and hand this was not splint was applied as and the splint was applied as and the sylint was applied as and the sylint was and regular armb swollen and ruse and the disword with edema deeding around nail Mobil X	W 32:		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G003			(X2) MULT A. BUILDIN	1 200		ATE SURVEY DMPLETED
		16G003	B. WING_	***	1	C 02/03/2017
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	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE AP		(X5) COMPLETION DATE
W 322	seems to have settled so." Objective docum section w/significant sethumb nail site, blue in documented: "trauma documented: "trauma documented: "seen be report available now, ER evaluation pendined. At 12:00 p.m. assed A documented no vital Client #1's pain at 8, seen the second was given at [sic]" Plan documented Methodist Hospital) Edeparture time of 12:3 Further record review Department document JEMH on 1/13/17 revolumented at Client #1 presented swelling and injury. b. Onset seven hours computed to pulse 90 beats per mid breaths (br)/minute (note that the second per extremity, Hand tenderness, swelling, deformity 1st right diguifted"	I down in past 30 minutes or bented: "right thumb, distal swelling, bleeding from a color." Assessment to right thumb" Plan by (Physician A) x-ray multiple fractures reported, g" Passment completed by LPN ls. The assessment rated using ANVPS and noted, 7:30 pm and was ineffective ed: "To (Jennie Edmundson R by state van with a 30 p.m. Trevealed Emergency tation for Client #1 from ealed the following: Id with right hand pain, Is prior. Is was noted as moderate. In 1/13/17 at 1:38 p.m.: Inute (bpm), respirations 16 hin), and BP 148/99. Is seessment noted: "Distal It, Fingers/toes: Right, first,	W3	22		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	l ` '				E SURVEY PLETED
16G003		B. WING			C 02/03/2017		
NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER			711 SOUT	DDRESS, CITY, STATE, ZIP CODE H VINE STREET DOD, IA 51534	1 02	703/2017	
PREFIX (EACH	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHO			(X5) COMPLETION DATE
(break or sp fragments) for fracture ir mildly displated phalanx extension to the distal Moderate so g. Nursing in documented not intact to after IM (intribud less monintense/restling). The Operation of the original intense is the following fine shift fracture highly committed, "Pt (phand had be additional return following a. Client #1 dated 8/30/1 words, but did and expression. Client #1 assessment	doderately linter of the irst distallate the art code fracturending from metaphys off tissue satisfies and aning and ess." In JEMH rention. The atterior and aning and ess." In JEMH rention. The atterior art is mainted distributed distributed distributed from wrappers art is Individual for a committee the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the co	r displaced and comminuted be bone into more than two phalanx fracture. Extension icular surface. Oblique are of the first proximal metaphysis is. No dislocation. Swelling." d 1/13/17 2:00 p.m., intact - fingernail raised and erneath]. nail dark in color r) morphine given patient didn't seem s as I Physician recommended Client #1 was admitted. cal Reports documented the ght thumb proximal phalanx idly displaced There is a stal phalanx fracture. Manager daily summary ving out in pain. The client's	W3	22			

NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 322 Continued From page 28 displeasure (i.e. crying). When interviewed on 1/18/17 at 3:30 p.m., Treatment Program Manager (TPM) A reported Client #1 can and will make noise when he/she is in pain. She explained it is apparent when something is not ok with Client #1. Record review on 1/24/17. The email noted concerns regarding the investigation into Client #1's injury. Concerns included:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G003			1	(X2) MULTIPLE CONSTRUCTION (X3) C A. BUILDING		
STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 322 Continued From page 28 displeasure (i.e. crying). When interviewed on 1/18/17 at 3:30 p.m., Treatment Program Manager (TPM) A reported Client #1 can and will make noise when he/she is in pain. She explained it is apparent when something is not ok with Client #1. Record review on 1/24/17 revealed an email from Investigator A to the Director of Quality Management, sent 1/24/17. The email noted concerns regarding the investigation into Client			B. WING		4	1	
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 322 Continued From page 28 displeasure (i.e. crying). When interviewed on 1/18/17 at 3:30 p.m., Treatment Program Manager (TPM) A reported Client #1 can and will make noise when he/she is in pain. She explained it is apparent when something is not ok with Client #1. Record review on 1/24/17 revealed an email from Investigator A to the Director of Quality Management, sent 1/24/17. The email noted concerns regarding the investigation into Client					711 SOUTH VINE STREET		
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a. " The record would reflect a considerable period of time elapsed from the time that a witnessed incident occurred resulting in a fracture to the client's right thumb to the time the client received necessary emergency care (surgery) to address the fracture. The record indicates the incident occurred near 6:45 AM, nursing staff were notified quickly, and the doctor on call as notified of a potential for fracture around 7:00 AM. The on call doctor did not physically examine the injury as it had already been stabilized and wrapped at her direction. X-rays were ordered, however, they were not completed until after 10:00 AM, and the client did not leave for emergency treatment until after 12:00 PM" b. " There was also concern raised regarding pain management for the client. The trauma and subsequent pain were identified by 7:00 AM and Tylenol was given as of 7:40 AM. At approximately 10:45 AM, nursing had contact with the physician and it was made clear that the client was in pain and that the dressing had 'bled through.' The doctor reported at that point, he did observe the client and observed no signs or	W 322	When interviewed on Treatment Program M Client #1 can and will in pain. She explaine something is not ok w Record review on 1/24 Investigator A to the D Management, sent 1/2 concerns regarding th #1's injury. Concerns a. " The record wou period of time elapsed witnessed incident occ to the client's right thur eceived necessary er address the fracture. incident occurred near were notified quickly, anotified of a potential find The on call doctor did injury as it had already wrapped at her directinowever, they were not 10:00 AM, and the clie emergency treatment b. " There was also pain management for subsequent pain were Tylenol was given as a approximately 10:45 A the physician and it was in pain and that it through.' The doctor in the some the subsequent of the physician and that the through.' The doctor in the subsequent of the physician and that the through.' The doctor in the subsequent of the physician and that the physician and that the physician and that the physician and that the physician and that the physician and that the physician and that the physician and that the physician and that the physician and that the physician and that the physician and that the physician and the physician and the physician and that the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the phy	1/18/17 at 3:30 p.m., lanager (TPM) A reported make noise when he/she is d it is apparent when ith Client #1. 4/17 revealed an email from birector of Quality 24/17. The email noted e investigation into Client included: If reflect a considerable I from the time that a curred resulting in a fracture mb to the time the client mergency care (surgery) to The record indicates the r 6:45 AM, nursing staff and the doctor on call as for fracture around 7:00 AM. not physically examine the y been stabilized and on. X-rays were ordered, ot completed until after ent did not leave for until after 12:00 PM" concern raised regarding the client. The trauma and i identified by 7:00 AM and of 7:40 AM. At M, nursing had contact with as made clear that the client he dressing had 'bled reported at that point, he did	W 32			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/15/2017 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	l` ′	NG	MPLETED		
		16G003	B, WING_		0	C 2/03/2017	
NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		1 02/03/2017	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	PROVIDER'S PLAN OF CORR X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 322	pain management. present during that client did seem to be original splint dress. ACE wrap which apetter at the time continued to make to during the trip to the pain relief for the client deceived around 1:3 continued to show swithout relief from the requested something the client was given. The above findings Immediate Jeopardificant injuries, the appropriate paint meaning in significant injuries. IJ on 1/19/17 at appet facility developed a included retraining cassessment of injurient and emergent care,	The Psych. Asst. who was examination reported the emore comfortable as the ing had been replaced by an peared to support the injury (RTW B) reports the client vocalizations indicating pain hospital and she requested ent there which (he/she) to PM. She reports the client signs and symptoms of pain he pain medication and g further. The record reflects Morphine at 3:00 PM" Ilead to a determination of y (IJ), based on the facility's equate assessment of imely medical attention, and anagement for clients with The facility was notified of the plan to remove the IJ, which of medical staff on ites, facility protocols for x-ray and standards of care for The IJ was removed on	W	322			

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Glenwood State Resource Center Plan of Correction for Investigations #65074-C, 65079-I, 65215-C, and 65216-I

W 125 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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:

- The Advanced Registered Nurse Practitioner has been retrained in generally accepted standards of practice in the area of physical assessments including how to assess an injury without impediment.
- The Advanced Registered Nurse Practitioner has been retrained in Glenwood Resource Center (GRC) procedures for pain management.
- The Advanced Registered Nurse Practitioner has been retrained in generally accepted standards of practice for pain management including the clinical identification of pain.
- The Advanced Registered Nurse Practitioner has been retrained on procedures for emergent care including emergency care of possible fractures
- The Advanced Registered Nurse Practitioner has been retrained on procedures for obtaining x-rays.

Responsible: Medical Director **Date Completed:** January 25, 2017

- Instructions and protocols will be written that provide supervisory staff in client care areas direction for how to raise questions or concerns regarding medical or nursing care to the appropriate medical or nursing provider.
- A description of the roles, responsibilities, and scope of practice for the Advanced Registered
 Nursing Practitioner and the Physician's Assistance will be written.
- The instructions, protocols, and description listed above will be trained to the medical staff, nursing staff, assistant superintendent for program services, treatment program administrators, treatment program managers, resident treatment supervisors, and other supervisors or clinicians that are associated with client care and treatment.

Responsible: Superintendent

Date Completed: February 24, 2017

Systemic Response:

- The GRC Medical Director will establish procedures for pain assessment and management.
- Medical providers have been retrained in generally accepted standards of practice in the area of
 physical assessments including how to assess an injury without impediment.
- Medical providers were trained in GRC procedures for pain management.
- Medical providers have been retrained in expectations and standards of practice for pain management including the clinical identification of pain.

- Medical providers have been retrained on procedures for emergent care including emergency care of possible fractures.
- Medical providers have been retrained on procedures for obtaining x-rays.

Responsible: Medical Director **Date Completed:** January 25, 2017

- Nursing staff were retrained in GRC procedures for pain management.
- Nursing staff have been retrained in generally accepted standards of practice for pain management including the clinical identification of pain.
- Nursing staff have been retrained on procedures for emergent care including emergency care of possible fractures.
- Nursing staff have been retrained nurses on procedures for obtaining x-rays.

Responsible: Administrator of Nursing

Completed: Nursing staff that were available and at work were retrained by January 23, 2017. Those on leave are retrained when they return to work.

- The Human Rights policy and the Individual Rights policy were up-dated and combined
- All staff were trained on changes to the combined policy.
- The combined policy is retrained to staff during new employee orientation and on an annual basis thereafter.
- An expert outside entity was contracted with to visit the facility, complete a detailed review of GRC's operation, and complete a root cause analysis of issues at Glenwood Resource Center, including, but not limited to client protection and safety. The expert outside entity visited GRC from February 8 through February 11, 2017.

Responsible: Acting Superintendent

Date Completed: Staff that were available for work were trained by February 7, 2017. Staff on leave are trained when they return to work.

W 153 483.420(d)(2) STAFF TREATMENT OF CLIENTS 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:

- On January 10, 2017 Glenwood Resource Center supervisor was at House 253, observed the incident and immediately stopped RTW E's behavior. RTW E was suspended, the incident was thoroughly investigated, and RTW E was terminated from employment as a direct result of the investigation.
- Beginning January 12, 2017 staff in House 253 were retrained on proper reporting and that the staff must immediately report any suspected instances of client mistreatment including, but not limited

to, rumors, hearsay, off hand comments or any other indication of any kind that mistreatment may have taken place or might take place.

- Starting January 20, 2017, supervisors began interviewing staff in House 253 to determine that the staff interviewed:
 - Have the knowledge to accurately recognize and appropriately and immediately report suspected abuse or mistreatment,
 - o Feel safe in reporting suspected instances of abuse or mistreatment,
 - o Have knowledge about how to respond to Behavior Support Plans,
 - o Have knowledge about personal care schedules, and
 - Have knowledge about the appropriate level of supervision.

Beginning February 6, 2017 the interviews were changed to small focus group discussions that included the same topics.

Responsible: Assistant Superintendent of Program Services

Date Completed: Training began January 12, 2017 and is on-going

Systemic Response:

- Supervisors retrained all staff available for work and on duty on the following:
 - o Beginning January 12, 2017 staff were retrained that they must immediately report any suspected instances of client mistreatment including, but not limited to, rumors, hearsay, off hand comments or any other indication of any kind that mistreatment may have taken place or might take place.
- Beginning January 20, 2017, each shift, supervisors are required to interview two resident treatment workers 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,
 - o 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 February 6, 2017 the interviews were changed to small focus group discussions that included the same topics.

 The Incident Management Policy is trained to staff during new employee orientation and on an annual basis. The incident Management Policy dated 11/2/20017 was reviewed on 1/6/2017 with no revisions determined to be necessary.

Responsible: Assistant Superintendent for Program Services

Date Completed: Training of staff that were working and available began on January 12, 2017. All staff available to work were trained by January 25, 2017. Staff on leave are trained when they return to work.

W 266 483.450 CLIENT BEHAVIOR & FACILITY PRACTICES The facility must ensure that specific client behavior and facility practices requirements are met.

Individual Response:

- On January 10, 2017 Glenwood Resource Center supervisor was at House 253 observed the incident
 and immediately stopped RTW E's behavior. RTW E was suspended, the incident was thoroughly
 investigated, and RTW E was terminated from employment as a direct result of the investigation.
- Beginning on January 12, 2017 all staff assigned to work in House 253 were retrained on each BSP for each individual in the home. The training emphasized that only authorized interventions/restraints may be used when they are required.

Responsible: Assistant Superintendent of Program Services

Date Completed: Training began on January 12, 2017. Staff that were available and at work were trained by January 19, 2017. Staff that were on leave were trained when they returned to work.

Systemic Response:

- Beginning January 13, 2017 a new expectation was implemented that a supervisor (Administrator on Duty, Treatment Program Manager, or Resident Treatment Supervisor) is to be called to the site when a physical restraint is used to observe and guide interactions with the client to ensure compliance with policy. Supervisors have been directed to debrief each employee involved, immediately following the incident, to ensure proper procedures were used.
- Beginning January 12, 2017 supervisors retrained all staff available for work and on duty on the following:
 - o The requirement to have the supervisor report to the site when a physical restraint is used,
 - The requirement to debrief with staff immediately following the incident to ensure proper procedures were followed, and
 - That all staff must immediately report any suspected instances of client mistreatment including, but not limited to, rumors, hearsay, off hand comments or any other indication of any kind that mistreatment may have taken place or might take place.
- Resident Treatment Workers available for work have been retrained on Behavior Support Plans for the clients with whom they work.
- Resident Treatment Workers were retrained on prohibited practices.
- Beginning January 20, 2017, each shift supervisors are required to interview two resident treatment workers 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,
 - o Have knowledge about how to respond to Behavior Support Plans,
 - o Have knowledge about personal care schedules, and
 - o Have knowledge about the appropriate level of supervision.

Beginning February 6, 2017 the interviews were changed to small focus group discussions that included the same topics.

Responsible: Assistant Superintendent for Program Services

Date Completed: Staff training began on January 12, 2017. By January 25, 2017 all staff available to work were trained by January 25, 2017. Staff on leave are trained when they return to work.

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.

Individual Response:

- On January 10, 2017 Glenwood Resource Center supervisor was at House 253 observed the incident
 and immediately stopped RTW E's behavior. RTW E was suspended, the incident was thoroughly
 investigated, and RTW E was terminated from employment as a direct result of the investigation.
- Beginning on January 12, 2017 all staff assigned to work in House 253 were retrained on each BSP for each individual in the home. The training emphasized that only authorized interventions/restraints may be used when they are required.

Responsible: Assistant Superintendent of Program Services

Date Completed: Training began on January 12, 2017. Staff that were available and at work were trained by January 19, 2017. Staff that were on leave were trained when they returned to work.

Systemic Response:

- Beginning January 13, 2017 a new expectation was implemented that a supervisor (Administrator on Duty, Treatment Program Manager, or Resident Treatment Supervisor) is to be called to the site when a physical restraint is used to observe and guide interactions with the client to ensure compliance with policy. Supervisors have been directed to debrief each employee involved, immediately following the incident, to ensure proper procedures were used.
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- Resident Treatment Workers available for work have been retrained on Behavior Support Plans for the clients with whom they work.
- Resident Treatment Workers were retrained on prohibited practices.
- Beginning January 20, 2017, each shift, supervisors were required to interview two resident treatment workers 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 February 6, 2017 the interviews were changed to small focus group discussions that included the same topics.

Responsible: Assistant Superintendent for Program Services

Date Completed: Staff training began on January 12, 2017. By January 25, 2017 all staff available to work were trained by January 25, 2017. Staff on leave are trained when they return to work.

W 318 483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.

Individual Response:

- The Advanced Registered Nurse Practitioner has been retrained in generally accepted standards of
 practice in the area of physical assessments including how to assess an injury without impediment.
- The Advanced Registered Nurse Practitioner has been retrained in Glenwood Resource Center (GRC) procedures for pain management.
- The Advanced Registered Nurse Practitioner has been retrained in generally accepted standards of practice for pain management including the clinical identification of pain.
- The Advanced Registered Nurse Practitioner has been retrained on procedures for emergent care including emergency care of possible fractures
- The Advanced Registered Nurse Practitioner has been retrained on procedures for obtaining x-rays.

Responsible: Medical Director

Date Completed: January 25, 2017

- Instructions and protocols will be written that provide supervisory staff in client care areas direction
 for how to raise questions or concerns regarding medical or nursing care to the appropriate medical
 or nursing provider.
- A description of the roles, responsibilities, and scope of practice for the Advanced Registered Nursing Practitioner and the Physician's Assistance will be written.
- The instructions, protocols, and description listed above will be trained to the medical staff, nursing staff, assistant superintendent for program services, treatment program administrators, treatment program managers, resident treatment supervisors, and other supervisors or clinicians that are associated with client care and treatment.

Responsible: Superintendent

Date Completed: February 24, 2017

- The Advanced Registered Nurse Practitioner has been retrained in generally accepted standards of practice in the area of physical assessments including how to assess an injury without impediment.
- The Advanced Registered Nurse Practitioner has been retrained in Glenwood Resource Center (GRC) procedures for pain management.
- The Advanced Registered Nurse Practitioner has been retrained in generally accepted standards of practice for pain management including the clinical identification of pain.
- The Advanced Registered Nurse Practitioner has been retrained on procedures for emergent care including emergency care of possible fractures
- The Advanced Registered Nurse Practitioner has been retrained on procedures for obtaining x-rays.

Responsible: Medical Director

Date Completed: January 25, 2017

Systemic Response:

- The GRC Medical Director will establish procedures for pain assessment and management.
- Medical providers have been retrained in generally accepted standards of practice in the area of physical assessments including how to assess an injury without impediment.
- Medical providers were trained in GRC procedures for pain management.
- Medical providers have been retrained in expectations and standards of practice for pain management including the clinical identification of pain.
- Medical providers have been retrained on procedures for emergent care including emergency care
 of possible fractures.
- Medical providers have been retrained on procedures for obtaining x-rays.

Responsible: Medical Director

Date Completed: January 25, 2017

Systemic Response:

- The GRC Medical Director will establish procedures for pain assessment and management.
- Medical providers have been retrained in generally accepted standards of practice in the area of physical assessments including how to assess an injury without impediment.
- Medical providers were trained in GRC procedures for pain management.
- Medical providers have been retrained in expectations and standards of practice for pain management including the clinical identification of pain.
- Medical providers have been retrained on procedures for emergent care including emergency care
 of possible fractures.
- Medical providers have been retrained on procedures for obtaining x-rays.

Responsible: Medical Director

Date Completed: January 25, 2017

- Nursing staff were retrained in GRC procedures for pain management.
- Nursing staff have been retrained in generally accepted standards of practice for pain management including the clinical identification of pain.
- Nursing staff have been retrained on procedures for emergent care including emergency care of possible fractures.
- Nursing staff have been retrained nurses on procedures for obtaining x-rays.

Responsible: Administrator of Nursing

Completed: Nursing staff that were available and at work were retrained by January 23, 2017. Those on leave are retrained when they return to work.

- The Human Rights policy and the Individual Rights policy were up-dated and combined
- All staff were trained on changes to the combined policy.
- The combined policy is retrained to staff during new employee orientation and on an annual basis thereafter.
- An expert outside entity was contracted with to visit the facility, complete a detailed review of GRC's operation, and complete a root cause analysis of issues at Glenwood Resource Center, including, but not limited to client protection and safety. The expert outside entity visited GRC from February 8 through February 11, 2017 to complete the work.

Responsible: Acting Superintendent

Date Completed: Staff that were available for work were trained by February 7, 2017. Staff on leave are trained when they return to work.

W 322 4483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.

Individual Response: