

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

PRINTED: 03/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2017
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1251 334TH STREET WOODWARD, IA 50276		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000			
W 153	<p>At the time of the investigation of #65080-I, a deficiency was cited at W153.</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff immediately reported incidents of potential mistreatment/abuse. This affected 2 of 2 clients reviewed (Client #2 and Client #6). This investigation was of incident #65080-I.</p> <p>Findings follow:</p> <p>1. Record review on 2/13/17 revealed an Incident Report (IR), dated 1/6/17. The report noted the Resident Treatment Supervisor (RTS) received a report that Client #2 had been verbally abused by a staff member.</p> <p>Additional record review revealed the facility's Type 1 Investigation Report, dated 1/6/17. The investigation description included determination of whether Resident Treatment Worker (RTW) A made the comment, "I am going to kick your ass," while in the presence of clients in the room and whether he told Client #2, "When you scream like that, it makes me horny." The investigation report identified RTWs B and C as reporters who</p>	W 153	<p>See attached</p> <p>POC 4/11/17</p>		

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

TITLE

(X6) DATE

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

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W 153	<p>Continued From page 1 overheard the comments.</p> <p>When interviewed on 2/13/17 at 2:15 p.m., RTW B confirmed she worked at Client #2's home on 12/24/16. She said she walked through the living room and heard RTW A make a comment to Client #2 that his/her screaming made him horny. RTW B said she thought RTW A was being funny so she didn't immediately report the statement to anyone. She told the surveyor the statement was inappropriate and staff shouldn't talk to clients in that manner. She confirmed she thought about the statement later and reported it to the RTS on 1/6/17.</p> <p>When interviewed on 2/14/17 at 2:30 p.m., RTW C confirmed she heard RTW A make a comment implying he would kick someone's ass while working at 103 Franklin. She confirmed she was unsure who RTW A meant, but stated several clients sat in the room at the time. She confirmed the comment should not be made toward any client. She estimated she heard the comment approximately a week before she reported it. She said she told the RTS about the comment on 1/6/17.</p> <p>2. Record review on 2/14/17 revealed an IR written by RTW D on 1/24/17. The IR involved Client #2 and noted on 12/24/16, RTW A sat with him/her while he/she ate. The report recorded RTW A swore at Client #2 three to four times when he/she reached out to touch him. In addition, another IR entered by RTW D on 1/24/17 noted RTW A made comments to Client #6 throughout the evening shift on 12/24/16. The report noted Client #6 "seemed confused and shocked" by the statements.</p>	W 153			

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W 153	<p>Continued From page 2</p> <p>Further record review on 2/14/17 revealed a facility Type 1 Investigation Report assigned on 1/24/17. The investigation included allegations that RTW A swore at Client #2 on 12/24/16 and made statements to shock and confuse Client #6 on 12/24/16.</p> <p>When interviewed on 2/14/17 at 9:25 a.m., RTW D confirmed she worked on the women's side of the house with RTW A on 12/24/16. She recalled RTW A sat at the table with Client #2 and swore at him/her when he/she reached out and touched his arm. She estimated he swore at him/her 3 - 4 times during the evening meal. She said she didn't report the incident because she was new to the house and she assumed other staff would report RTW A's behavior.</p> <p>RTW D further stated RTW A made inappropriate comments to Client #6 including: When Client #6 asked who was winning the football game on television, RTW A responded, "Satan." When Client #6 asked RTW A what he would have for supper, RTW A replied, "My son, his arms and legs."</p> <p>When interviewed on 2/14/17 at 10:15 a.m., RTW E recalled she talked with RTW D approximately a month ago about inappropriate comments made by RTW A on 12/24/16. She stated RTW D said RTW A told Client #6 Santa Claus died. She considered the comment mean because Client #6 loved Santa Claus.</p> <p>3. Record review on 2/13/17 revealed the facility Incident Management policy. Reporting Requirements noted employees shall immediately report incidents of potential abuse. The policy defined verbal abuse as: "an oral (including tone</p>	W 153			

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W 153	<p>Continued From page 3</p> <p>of voice), written or gestured language to belittle, ridicule, scorn, assault, dehumanize, otherwise denigrate, socially stigmatize, or show contempt for an individual. Such behaviors include but are not limited to: Yelling, swearing, name calling, teasing, insulting or use of disrespectful or derogatory terms to describe an individual".</p> <p>When interviewed on 2/15/17 at 2:03 p.m., RTW A confirmed he swore in the home but not at any client.</p> <p>When interviewed on 2/16/17 at 9:03 a.m., the Director of Quality Management, confirmed staff should report suspected abuse immediately per facility policy. At 9:20 a.m., she confirmed RTW A's alleged behavior towards Clients #2 and #6 should have been reported immediately.</p>	W 153			

Woodward Resource Center
Plan of Correction for DIA Investigation #65080-I

✓
JK
3/20/17
CAC
3/20/17

W-153 – 483.420(d)(2): The facility must ensure that all allegation so 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.

On 1/6/17, RTW B and RTW C reported an incident about possible verbal and sexual abuse, involving sexual comments made to Client 2 by RTW A. RTW B and RTW C reported this to supervisory personnel on 1/6/17. Following report, an internal investigation was initiated and report was made to DIA.

On 1/24/17, following a supervisory interview, RTW D reported an incident about possible verbal and mental psychological abuse involving Client 2 and Client 6 by RTW A that allegedly occurred on December 24, 2016. RTW D reported this to supervisory personnel on 1/24/17. Following report, an internal investigation was initiated and report was made to DIA.

Immediately following the report of potential incident on 1/6/17, WRC took immediate action to address the incident to ensure the safety of Client 2. RTW A was placed on administrative leave after the incident was reported. RTW A was on a scheduled day off on 1/6/17, and was immediately placed on administrative leave on his first date of return on 1/7/17. WRC initiated a thorough investigation. WRC, on the same day, reported the incident to DIA. Following the subsequent report on 1/24/17 WRC initiated an additional investigation and reported the incident to DIA. Information regarding a potential delay in reporting was identified through the investigation and reviewed at WRC Incident Review Committee on 2/8/17.

DIA found that the facility failed to ensure staff reported incidents of potential mistreatment/abuse according to facility policy/procedures. Record review and staff interviews revealed staff heard staff make potentially abusive comments to clients. Staff failed to immediately report the comments to any supervisor per facility policy.

Individual response

WRC fully reviewed the incidents and found that trained employees, RTW B, RTW C, RTW D, and RTW E failed to perform in a manner consistent with competency-based training. RTW B, RTW C, RTW D, and RTW E had been trained on incident reporting requirements. WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

RTW D and RTW E were given appropriate discipline on 2/16/17 for failure to report immediately to the administrator.

RTW B and RTW C were given appropriate discipline on 2/17/17 for failure to report immediately to the administrator.

RTW A was placed on administrative leave 1/7/17 and resigned employment while still on administrative leave 3/5/17.

Available 103 Franklin staff, including RTW D, RTW E, RTW B and RTW C, were re-trained on the WRC Incident Management Policy types of abuse, including reporting requirements.

Responsible: Team 2 Treatment Program Administrator

Date Completed: 3/16/17

Systemic Response:

WRC will continue to provide competency-based training to employees to enable them to perform their duties effectively, efficiently and competently. WRC will monitor employees to enable them to perform their duties effectively, efficiently, and competently.

The WRC Incident Management Policy is trained to staff during new employee orientation and thereafter on an annual basis. This includes training on reporting requirements.

If WRC finds that an employee did not implement their training and did not comply with the requirements to report and allegation; WRC will fully investigate and take the appropriate staff development and personnel actions.

WRC staff will be re-trained on the WRC Incident Management Policy types of abuse, including reporting requirements.

Responsible: Assistant Superintendent

Date Completed: 4/1/17