

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

PRINTED: 03/21/2017
FORM APPROVED
OMB NO. 0938-0391

✓ LIL 3/23/17 CAC 3/23/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2017
NAME OF PROVIDER OR SUPPLIER HIGHLAND DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 202 HIGHLAND DRIVE CEDAR FALLS, IA 50613		
(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 At the time of the survey the facility was found to be in substantial compliance with 42 CFR 483, Subpart 1, Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID regulations). At the time of the annual survey investigation 66176-I was investigated. A deficiency was cited at W153.	W 000	See attached POC 3/21/17		
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. This STANDARD is not met as evidenced by: Based on interviews, review of policy and procedures and record review, the facility failed to ensure staff immediately reported allegations of abuse to the administrator and to the Department of Inspections and Appeals per state law and facility policy. This affected 1 of 1 client identified during the investigation of #66176-I (Client #1). Finding follows: Record review revealed a facility self-report, dated 2/10/17, which addressed staff's failure to report an allegation of verbal abuse. The facility investigation documented the incident possibly occurred on 1/19/17, but was not reported until 2/10/17. The investigation concluded two staff witnessed another staff speak inappropriately	W 153			

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

TITLE

(X6) DATE

W. Kepp

Program Director

3/21/17

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

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W 153	<p>Continued From page 1</p> <p>toward a client. The alleged incident resulted in the staff's termination. Also, staff received disciplinary action due to not following company policy by not reporting immediately to a working supervisor when abuse was suspected.</p> <p>When interviewed on 3/1/17 at 4:50 p.m. Direct Support Staff (DSS) A stated on 2/10/17 she reported to the nurse an incident she had witnessed a couple of weeks prior to her report, which concerned her. DSS A could not recall the exact date, but did recall DSS B, DSS C and DSS D were working at the facility. DSS A stated she was the assigned cook, while other staff assisted the clients. Prior to supper, Client #1 had increased anxiety and staff made several unsuccessful attempts to calm the client. DSS D sat on the couch when he yelled and swore at the client. She and DSS B responded by saying that was not very nice. DSS D said he was just kidding. At the time DSS A knew the interaction was inappropriate, but felt uncomfortable about saying something due to being fairly new to the facility. The incident continued to bother her until she decided to report it on 2/10/17. DSS A stated when talking with facility management staff, they were able to determine the date of the incident was possibly 1/19/17. She further stated on 2/9/17 the same staff told Client #1 to go kill him/herself and felt this was inappropriate as well. DSS A stated she understood her role as a mandatory reporter and knew she should have reported the incidents immediately.</p> <p>When interviewed on 3/6/17 at 3:55 p.m. DSS B stated she heard DSS D make inappropriate comments to Client #1, which included swearing and telling the client to kill him/herself. She could not recall the date but thought it might have been</p>	W 153			

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W 153	<p>Continued From page 2</p> <p>a couple of weeks prior to her interview with Comprehensive Systems management staff on 2/10/17. She recalled saying to DSS D the comment was not very nice in which he responded "just kidding." DSS B stated she also heard the staff, on the same day, comment he wished the client would die. DSS B stated DSS D had been withdrawn recently and at different times when talking to clients, sounded irritated. She stated, in retrospect, she should have reported his inappropriate comments to management staff because he crossed the line.</p> <p>The policy and procedures titled Abuse Reporting, last updated on 3/14/16, documented the following: Individuals served have the right to be free of abuse. If an employee of Comprehensive Systems, Inc. suspects, witnesses, or has knowledge of the abuse of an individual served by Comprehensive Systems, Inc. by an agency employee or another party, it is that employee's responsibility to report this action immediately... The policy also noted within 24 hours of the alleged incident an electronic report to the Department of Inspections and Appeals should be completed. The alleged perpetrator will not have direct contact with individuals involved in the situation until the situation has been resolved.</p> <p>When interviewed on 3/8/17 at 3:00 p.m. the Program Director confirmed staff should have reported the information immediately if they felt the comments were abusive.</p>	W 153			

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Highland Plan of correction from investigation completed on 3/9/17

Tag W 153 STAFF TREATMENT OF CLIENTS

The facility staff will 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.

All staff have/will be trained on abuse reporting. Staff will continue to review abuse policy and scenarios quarterly and annually.

This will be monitored by QIDP, area managers and Program Director will monitor through staff training calendar and event tracker.

Date of correction: March 21, 2017