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	165466	A. BUILDING _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN SON CHRISTIAN VILLAGE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS, IA 51503

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F 000	INITIAL COMMENTS Amended June 21, 2017 as result of IIDR review process. Correction date 4/25/17 Investigation of facility-reported incident #67099-I resulted in deficiency. Complaint 67074-C was not substantiated. See Code of Federal Regulations (42CFR) Part 483, subpart B-C.)	F 000		
F 225 SS=D	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of	F 225		4/25/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/21/2017

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.

POC accepted 6/29/17

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F 225	Continued From page 1 actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 225		

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F 225	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility record and policy review and staff and resident interviews, the facility failed to report an allegation of abuse to the Iowa Department of Inspections and Appeals (DIA) within 24 hours for 2 of 4 sampled residents (#1 and #2). The facility identified a census of 92. Findings include: 1. The Minimum Data Set (MDS) dated 12/30/16 documented diagnoses that included quadriplegia, cancer, anemia and neurogenic bladder for Resident #1. The same MDS documented a Brief Interview of Mental Status (BIMS) score of 12 which indicated intact cognition. Resident #1 exhibited verbal behaviors 1-3 days of the assessment period. The assessment revealed Resident #1 as dependent upon staff for completion of transfer, had limited functional range of motion in both upper and lower extremities and utilized a wheelchair for mobility with extensive assistance of staff. The care plan problem dated 1/10/17 identified the resident demonstrated verbally abusive behaviors and sexually inappropriate comments related to poor impulse control and directed to staff to stop the behavior immediately and inform the resident that it is inappropriate to speak that way and offer redirection. 2. Resident #2's MDS dated 2/24/17 documented his/her pertinent diagnoses as Non-Alzheimer's dementia and viral encephalitis. The MDS assessment identified a BIMS score of 3 out of 15 which indicated severe cognitive	F 225		

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F 225	Continued From page 3	F 225		

impairments. The assessment revealed he/she required extensive assistance for completion of transfers and ambulation. Resident #2 utilized a wheelchair for mobility.

Two care plan problems initiated 6/22/15 identified the resident had impaired cognitive function or impaired though processes related to herpes encephalitis and senile dementia and identified a communication problem related to expressive aphasia. The care plan problem initiated 2/3/16 identified Resident #2 had a loved one of the opposite sex who visits on a regular basis and directed staff to monitor for any significant changes in the resident's mood or behavior such as tearfulness, inappropriate touching of staff or others, attempts self-harm, becomes scared/nervous around particular individuals and to document behavior and circumstances surrounding the behavior. The care plan indicated staff should ask Resident #2's room to leave the room prior to Resident #2 participating in relations with loved one.

During interview on 3/28/17 at 1:55 p.m., Staff A, certified nursing assistant (CNA) stated on 3/21/17 she assisted Resident #1 to take a bath. Resident #1 told her that a resident of the opposite sex stuck his/her hand down his/her pants. Staff A asked the resident to describe the incident and s/he did not know the other resident's name but both were in the B Hall TV room and it happened 'yesterday' (3/20/17). Staff A immediately reported the incident to the facility social worker and Administrator.

During interview on 3/28/17 at 3:12 PM, Staff B, CNA stated after supper on 3/16/17 she witnessed Resident #2 sit next to Resident #1 in

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F 225	Continued From page 4 the B Hall dayroom and Resident #2 had his/her hand down Resident #1's pants. Both residents sat in wheelchairs beside each other. Resident #2 had his/her leg across the front of Resident #1's legs. Staff B states she attempted to separate both residents but Resident #2 resisted and held on to Resident #1's genitalia "even harder". Resident #1 told Staff B to leave Resident #2 alone and felt it okay to let him/her do "whatever make [him/her] happy". Staff B stated other staff was in the area but not sure if anyone else witnessed it. Staff B stated she reported to Staff D, licensed practical nurse (LPN) what Resident #1 said but did not know what Staff D did about it after she reported it. During interview on 3/28/17 at 4:30 PM, Staff C, registered nurse (RN) stated she overheard CNA's talking about Resident #1's comments about letting Resident #2 do what s/he wanted and it bothered her but she did not see anything. During interview on 3/30/17 at 5:40 p.m., Staff D, LPN stated Resident #2 grabs at things but feels it was inappropriate for Resident #1 to let the incident occur because s/he knew what was going on and had the ability to stop it. Staff D stated she is not sure if Resident #2 could consent or not as his/her cognition fluctuates but feels this act had been consensual because Resident #2 had been doing his/her usual behavior of grabbing things. Staff D stated she did not document the incident in either resident's medical record as felt it just another example of Resident #2 being "grabby". During interview on 3/28/17 at 5:00 PM Resident #1 stated s/he had been touched inappropriately by a resident of the opposite sex 'awhile back'	F 225		

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F 225	Continued From page 5 while seated in a wheelchair in the day room after supper. Resident #1 stated s/he did not know the other resident. Resident #1 stated it felt like s/he had bugs in his/her pants and then realized it was the hand of the other resident. Resident #1 stated Resident #2 had hold of his/her genitalia and stated s/he felt shocked and did not know what to do and did not like it. During interview on 3/29/17 at 12:07 PM with the Administrator, Director of Nursing (DON), Social Worker and Corporate Director stated in part that the conclusion of the investigation into the incident revealed no abuse occurred as staff is trained not to intervene during resident-to-resident occurrence of sexual expression as it would be a violation of resident rights. The Online Abuse or Incident Reporting submitted by the facility to the Department of Inspections and Appeals (DIA) on 3/21/17 documented the DON interviewed Resident #1 who stated s/he felt a hand on his/her genitalia and did not know what to do. The resident stated a gray-haired person of the opposite sex sat next to him/her at the time and the resident did not know the other resident. Resident #1 also stated s/he did not do anything about the incident as did not want to cause a commotion and did not want people to think s/he instigated it. The facility's Prevention of Abuse Policy revised 2/6/17 directed that anyone who becomes aware of any type of abuse are witnesses or hears anything that could constitute abuse, as defined in the definitions section of this policy, are to immediately report to the Abuse Coordinator. All alleged violations including abuse, neglect,	F 225		

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F 225	Continued From page 6 exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than two hours after the allegation is made, if the events that cause the allegation above abuse OR an event that results in serious bodily injury. Report no later than 24 hours if you events that cause the allegation do not involve abuse and do not result in serious bodily injury.	F 225		
F 226 SS=D	483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.	F 226		4/25/17

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F 226	Continued From page 7 (c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property (c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on personnel file review, facility policy review and staff interview, the facility failed to assure contracted employees had criminal background checks conducted prior to working at the facility for 2 of 3 personnel files reviewed (Staff K and M). The facility reported a census of 92 residents. Findings include: 1. Review of the personnel file documents provided by the contract agency revealed no Iowa criminal history check completed for Staff K, CNA (certified nursing assistant) prior to assignment to the facility. Staff K's personnel file showed she had worked on 2/21/17-2/22/17. An invoiced showed Staff K had been paid on 3/13/17 for working at the facility. 2. Review of the personnel file documents provided by the contract agency revealed no criminal history check completed for Staff M prior to working/assignment to the facility (1/10/17). An invoiced showed Staff M had been paid on 3/21/17 for working at the facility. On 4/3/17 at 1:40 PM the facility's Corporate Director stated the agency which employs Staff K does not do Iowa criminal history checks for any of their employees. Review of the facility's billing statement from this agency revealed 6 different	F 226		

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F 226	Continued From page 8 CNAs assigned to the facility for a total of 350 hours from 2/5-3/17/17. The facility's Prevention of Abuse policy revised 2/6/17 directs the following: Background, reference and credentials checks will be conducted on employees prior to or at the time of employment, in accordance with applicable state and federal regulations. Any person having knowledge that an employee's license or certification is in question should report such information to the administrator.	F 226		
F 497 SS=D	483.35(d)(7) NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE (d)(7) Regular In-Service Education The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by: Based on personnel file reviews and staff interview, the facility failed to complete yearly performance evaluations for 2 of 6 sampled certified nursing assistants (CNAs) employed greater than one year. The facility identified census of 92. Findings include: 1. The personnel file for Staff H, CNA, documented a hire date of 9/3/15. The file failed to contain a yearly performance evaluation.	F 497		4/25/17

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F 497	Continued From page 9 2. The personnel file for Staff I, CNA, documented a hire date of 5/15/14. The file contained only one yearly performance evaluation which was dated 8/28/15. During interview on 3/30/17 at 10:30 a.m., the Human Resource Director confirmed that no yearly evaluations could be found for Staff H and Staff I.	F 497		

Risen Son Christian Village
3000 Risen Son Boulevard, Council Bluffs, IA

25 April 2017
Amended 6 June 2017

This Plan of Correction is submitted as the facility's credible allegation of compliance with the statement of deficiencies issued in conjunction with a complaint and self-report survey conducted March 28 – April 11, 2017. Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. **The deficiencies cited will be corrected by April 25, 2017.**

Plan of Correction

F 225: Reporting of Alleged Abuse Not Done Timely

Measures to be taken or systems to be altered to ensure that the problem does not recur
Facility protocol for potential abuse was reviewed with all staff March 28, 2017. Staff were reminded that, as part of the facility protocol, all incidents of potential resident abuse are to be reported timely to facility abuse coordinator.
How to monitor performance to make sure solutions are permanent
Facility administrator will monitor for compliance.

F 226: Iowa Background Checks Not Done on Two Agency Staff

Measures to be taken or systems to be altered to ensure that the problem does not recur
The non-Iowa-based staffing agency which employs Staff K and M was contacted and instructed to perform an Iowa criminal background check on Staff K and M. Findings were negative.
How to monitor performance to make sure solutions are permanent
Going forward, any non-Iowa-based staffing agency will be required to assure that an Iowa criminal background check, in addition to the national check, is performed for any agency personnel sent to the facility to work.

F 497: Annual Performance Evaluation Not Performed on Two CNAs

Measures to be taken or systems to be altered to ensure that the problem does not recur
As of 4-1-17, performance evaluations were completed for Staff H and I. Performance evaluations will be completed annually for all staff.
How to monitor performance to make sure solutions are permanent
Human Resources Director or designee will audit completion of evaluations and will report findings to the facility QA committee for action as warranted.