

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

AK 6/16/17 CAC 6/13/17

PRINTED: 05/05/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2017
NAME OF PROVIDER OR SUPPLIER MOSAIC-101 KELLY'S COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 101 KELLY'S COURT FOREST CITY, IA 50436		
(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	<p><i>See attached</i></p> <p><i>POC</i></p> <p><i>6/2/17</i></p>		
W 149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement agency policy regarding staff training for reporting allegations of abuse. This affected 4 of 4 clients (Clients #1, #2, #3 and #4). Findings follow:</p> <p>Record review on 4/12/17 revealed an agency investigation report started 3/08/17. According the the investigation report the facility began an abuse investigation regarding various staff and clients at the facility that allegedly occurred on 3/03/17. The facility was notified of the abuse allegations by the Iowa Department of Human Services, which received notification on 3/04/17 or 3/05/17. The allegations were as follows:</p> <p>a) Direct Support Associate (DSA) A witnessed DSA B slap Client #1 on the leg and grab the client by the wrist to pull his/her arm down during dinner time.</p> <p>b) DSAA witnessed DSA C slap Client #2 repeatedly in the face to rouse the client from sleep when taking the client to the bathroom.</p> <p>c) DSAA overheard two staff having a</p>	W 149			

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 149	<p>Continued From page 1</p> <p>conversation about how DSA D took Client #3 and Client #4 outside for an "Attitude Adjustment." (This allegation turned out to be a misunderstanding. DSA D took the clients outside briefly for fresh air and a change of environment, which improved their moods. Another staff person used the phrase "attitude adjustment" when describing it.)</p> <p>When interviewed on 4/17/17 at 4:30 p.m. DSAA stated on 3/03/17 during dinner, between approximately 5:00 and 6:00 p.m., she witnessed DSA B mistreat Client #1. DSAA said Client #1 was agitated, as evidenced by yelling and flailing arms and legs. This reportedly was not unusual behavior for Client #1. DSA B attempted to feed Client #1. At one point Client #1 either kicked or almost kicked DSA B, who then slapped Client #1 on the leg and told the client not to kick her. DSA B also grabbed Client #1 by the wrist and roughly pulled his/her arm down while trying to feed the client.</p> <p>When interviewed on 4/18/17 at 9:00 a.m. DSA B stated Client #1 tried to grab his/her plate during dinner and dump it, so she blocked Client #1 with her open hands. She denied hitting or grabbing the client.</p> <p>DSAA said at approximately 11:00 p.m. on 3/03/17, she accompanied DSA C during rounds when the clients were in bed. DSA C got Client #2 up to use the bathroom. Client #2 was quite groggy and drowsy. As the client sat on the toilet, DSA C slapped Client #2 in the face several times to rouse the client. DSA C told the client to wake up and "pee." DSAA said the slaps were not real hard, but were not soft. The slaps did not leave any marks and the client showed little reaction to</p>	W 149			

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W 149	<p>Continued From page 2 the slaps.</p> <p>When interviewed on 4/12/16 at 3:25 p.m. DSA C said she recalled patting Client #2 on the cheeks to rouse the client so he/she would not fall off of the toilet. DSA C said Client #2 was exceptionally drowsy that night due to a medication. DSA C denied slapping Client #2.</p> <p>DSAA worked for a temp agency at the time of the incidents. She completed mandatory abuse reporter training at another agency and had current certification. The 101 Kelly's Court facility failed to provide her with additional training on reporting abuse. She said she reported the allegations to her temp agency within 1-2 days of the incident on 3/03/17. They advised her to report the incident as a mandatory reporter. DSA A called the Department of Human Services abuse hotline to report the allegations. She did not report the allegations to the facility at that time.</p> <p>Review of the facility abuse policy revealed the policy indicated new staff would review the internal reporting policy/procedures for allegations of abuse during the initial on the job training. According to the policy staff would receive training regarding abuse reporting in their first 30 days of employment, which included "proper reporting procedures." An agency course entitled "Mistreatment, Abuse, Neglect and Exploitation" was taught in addition to the state mandated training.</p> <p>According to facility abuse policy, the staff person witnessing abuse should immediately intervene to ensure the safety of the client, separate the accused staff from the client, notify Health</p>	W 149			

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W 149	Continued From page 3 Services to evaluate the physical condition of the client and notify the Associate Director or designee. During interview on 4/18/17 at 3:00 p.m. the Associate Director confirmed the facility policy indicated staff should report allegations of abuse immediately. She said the facility did their own training in addition to the state course, but overlooked the additional training for temp agency employees who already had their mandatory reporter certificate. The Associate Director acknowledged the facility had failed to provide the temp agency employees with the additional agency training. Since becoming aware of the issue in early March, the facility had taken steps to train the temp agency staff on the facility policies and procedures regarding reporting abuse. The Associate Director said the agency had used several temp agency employees between January and mid-April of this year at their facilities in the Forest City area.			W 149			
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 interview and record review, the facility failed to ensure allegations of abuse and mistreatment were reported immediately in accordance with facility policy and State law. This affected 4 of 4 clients (Clients #1, #2, #3 and			W 153			

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W 153	<p>Continued From page 4 #4). Findings follow:</p> <p>Record review on 4/12/17 revealed an agency investigation report started 3/08/17. According to the investigation report the facility began an abuse investigation regarding various staff and clients at the facility that allegedly occurred on 3/03/17. The facility was notified of the abuse allegations by the Iowa Department of Human Services, which received notification on 3/04/17 or 3/05/17. The allegations were as follows:</p> <p>a) Direct Support Associate (DSA) A witnessed DSA B slap Client #1 on the leg and grab the client by the wrist to pull his/her arm down during dinner time.</p> <p>b) DSAA witnessed DSA C slap Client #2 repeatedly in the face to rouse the client from sleep when taking the client to the bathroom.</p> <p>c) DSAA overheard two staff having a conversation about how DSA D took Client #3 and Client #4 outside for an "Attitude Adjustment." (This allegation turned out to be a misunderstanding. DSA D took the clients outside briefly for fresh air and a change of environment, which improved their moods. Another staff person used the phrase "attitude adjustment" when describing it.)</p> <p>When interviewed on 4/17/17 at 4:30 p.m. DSAA stated on 3/03/17 during dinner, between approximately 5:00 and 6:00 p.m., she witnessed DSA B mistreat Client #1. DSAA said Client #1 was agitated, as evidenced by yelling and flailing arms and legs. This reportedly was not unusual behavior for Client #1. DSA B attempted to feed Client #1. At one point Client #1 either kicked or</p>	W 153			

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W 153	<p>Continued From page 5</p> <p>almost kicked DSA B, who then slapped Client #1 on the leg and told the client not to kick her. DSA B also grabbed Client #1 by the wrist and roughly pulled his/her arm down while trying to feed the client.</p> <p>DSAA said at approximately 11:00 p.m. on 3/03/17, she accompanied DSA C during rounds when the clients were in bed. DSA C got Client #2 up to use the bathroom. Client #2 was quite groggy and drowsy. As the client sat on the toilet, DSA C slapped Client #2 in the face several times to rouse the client. DSA C told the client to wake up and "pee." DSAA said the slaps were not real hard, but were not soft. The slaps did not leave any marks and the client showed little reaction to the slaps.</p> <p>According to facility abuse policy, the staff person witnessing abuse should immediately intervene to ensure the safety of the client, separate the accused staff from the client, notify Health Services to evaluate the physical condition of the client and notify the Associate Director or designee.</p> <p>During interview on 4/18/17 at 3:00 p.m. the Associate Director confirmed the facility policy indicated staff should report allegations of abuse immediately.</p>	W 153			

211
6/16/17 call
6/13/17

**MOSAIC Forest City
101 Kelly's Court
Forest City, IA 50436
PLAN OF CORRECTION
INCIDENT #66779-I**

Investigation Date: 4/12/17 – 4/19/17

W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS

1. The QIDP and Associate Director developed a training for temp staff on Mosaic's Reporting Abuse Policy/Procedure that temp staff complete prior to working direct care.
2. The Home Manager and QIDP will assure training is completed for Mosaic's Reporting Abuse Policy and Procedure with each new temp staff prior to them working direct care, to prevent recurrence of this deficiency.
3. Completion Date: 6/2/17

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

1. Each DSA at 101 Kelly's Court has been retrained on the Reporting Abuse Policy and Procedure by the QIDP and DSC.
2. Each DSA at 101 Kelly's Court will watch the video "Abuse and Neglect of Individuals with I/DD" in Mosaic Academy within the next month, which will be monitored by the QIDP, to prevent recurrence of this deficiency.
3. The QIDP will monitor DSA staff through monthly observations and review of policies at monthly staff meetings to prevent recurrence of this deficiency.
4. Completion Date: 6/2/17

Tasha Ludwig, 5/8/17
AD

Citation
Mosaic in North Iowa
IA. Dept. of Inspections and Appeals
Health Facilities Division

CAC
6/13/17

✓ JRC
6/14/17

Mosaic 101 Kelly's Court
Forest City, IA 50436

Investigation #66779-I
Date: 4/12/17 – 4/19/17

Deficiency	Plan of Correction	Date of Completion
W153 483.420(d)(2) Staff Treatment of Clients	<p>Each DSA at 101 Kelly's Court was retrained on the Reporting Abuse Policy and Procedure by the QIDP and DSC.</p> <p>Each DSA at 101 Kelly's Court will watch the video "Abuse and Neglect of Individuals with I/DD" in Mosaic Academy within the next month, which will be monitored by the QIDP, to prevent recurrence of this deficiency.</p> <p>The QIDP will monitor DSA staff through monthly observations and review of policies at monthly staff meetings to prevent recurrence of this deficiency.</p>	<p>Upon Receipt – 5/5/17</p> <p>6/2/2017</p>

Administrator/Designee Signature

Title

Date