

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

PRINTED: 05/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/27/2017
NAME OF PROVIDER OR SUPPLIER REM IOWA-MANSFIELD AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 MANSFIELD AVENUE CEDAR RAPIDS, IA 52403		
(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 investigation #67095-1 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 reviews, the facility failed to consistently ensure staff immediately reported allegations of abuse to the administrator or designee and the Department of Inspections and Appeals (DIA) per state law and facility policy. This affected 2 of 2 clients (Client #1 and Client #2) identified during investigation 67095-1. Finding follows:</p> <p>Record review on 4/24/17 revealed Client #1's Incident Report (IR), dated 3/16/17. According to the report, during an internal investigation into an anonymous complaint, Direct Support Professional (DSP) A alleged DSP B hit Client #1. DSP A made the allegation as a result of information she received from the Registered Nurse (RN). The nursing assessment showed a small mark on the client's back which might have been from rubbing his/her back against something or a pimple. Quarterly Nursing Assessment identified Client #1 had diagnosis of: Severe Intellectual Disability, Seizure Disorder, Vagus Nerve Stimulator, Spastic Cerebral Palsy, Spastic Hemiparesis, Left Sided</p>	W 153	<p>See attached.</p> <p>POL 5/10/17</p>		

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

TITLE

(X6) DATE

Stacy U. Siddell, Program Director 05/18/2017

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.

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W 153	<p>Continued From page 1</p> <p>Hemiparesis and contracture.</p> <p>Record review also revealed Client #2's IR, dated 3/16/17. The report documented DSP A alleged on 3/5/17, DSP B was verbally abusive and grabbed Client #2's wrist/arm after finding feces on the client's hands due to rectal digging. Staff indicated a red mark from DSP B's thumb was on Client #2's arm but did not leave any lasting injury. Nursing assessment completed on 3/16/17 revealed the client did not have any injury to the wrist area. Quarterly Nursing Assessment identified Client #2 had diagnosis of: Profound Intellectual Disability, Autistic Disorder, Cerebral Degeneration, Progressive Neurodegenerative Disorder, Mood Disorder, No functional speech, Incontinence of Bladder/Bowel and Dysphasia.</p> <p>The REM Incident Investigation concluded there was no information to support or negate alleged incidents of abuse occurred.</p> <p>When interviewed on 4/26/17 at 10:25 a.m. the RN stated DSP A had reported to her on 3/14/17 several clients had been "flinching." She said DSP A had observed the "flinching" that morning and they were both concerned about client's well-being. The RN decided she would talk to Client #1 as she felt, the client had the ability to answer questions. During the interview, the client communicated through yes/no responses, he/she had been hit by DSP B. The RN also asked DSP A to talk to the client and when they felt they had consistent responses from the client, decided the information should be reported. She stated they made the decision to report the situation to the 800 Hotline number for their corporation (Mentor). RN stated the phone call was made by DSP A because she also had additional information</p>	W 153			

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W 153	<p>Continued From page 2</p> <p>about another incident which occurred with Client #2. She stated she did not feel comfortable reporting to the current Supervisor due to past conflicts and the relationship between the supervisor and DSP B. The RN stated, after discussing the situation with the facility management staff, she realized she had not followed the facility policy and should have contacted another supervisor.</p> <p>When interviewed on 4/26/17 at 10:45 a.m. DSP A stated she had reported concerns about possible abuse to the RN on 3/14/17. Because of these concerns, the RN decided to talk to Client #1. DSP A stated she also talked to the client, after the RN had told her Client #1 had communicated DSP B had hit him/her. DSP B stated in her conversation with the client, she heard the same information as the RN. She had also witnessed a situation on March 5, 2017 after the lunch, in which DSP B was verbally inappropriate with Client #2 and grabbed the client's wrist after the client had been rectal digging. DSP A stated, at the time, she did not feel the staff's behavior was abusive but more reactive to the situation. She did think DSP B's verbalizations were degrading to the client and had an affect on him/her. DSP A stated, after talking with Client #1, she felt she needed to report the situations. She stated after a discussion with the nurse, she decided to contact the 800 Hotline number for the company versus contact someone locally. DSP A stated she felt she had reported properly because she talked to the nurse about her concerns, and was instructed to call the Hotline number. DSP A stated she should have reported the situation with Client #2 sooner but everything happened around the same time.</p>	W 153			

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W 153	<p>Continued From page 3</p> <p>Record review on 4/25/17 revealed the Policy and Procedure for Abuse/Neglect Reporting last revised on 2/16/15. According to the policy any employee who observed or suspected abuse, neglect, or potentially abusive acts directed toward an adult should make an immediate verbal report to the person in charge or the person's designated agent.</p> <p>When interviewed on 4/25/17 at 10:40 a.m. the Program Director confirmed the RN and DSP A failed to follow the facility policy on reporting allegations of abuse. She stated the Mentor Hotline number is listed for staff to report Medicaid Fraud, Medicaid Waste and Medicaid Abuse and allegations of client abuse should be made to the local agency. She stated staff should notify their immediate supervisor immediately with any allegations and if they are uncomfortable reporting to a certain person, staff could notify any supervisor/management staff.</p> <p>On 3/14/17 the facility staff was aware of the allegation/s of abuse. The facility did not report the allegations of abuse to DIA until 3/17/17 at 3:06 a.m.</p>	W 153			

CAC
5/25/17
JLC
6/8/17

Accept this plan as the facility's credible allegation of compliance.

Tag W 153: Facility Response:

The facility Program Coordinator (PC), QIDP, and/or Program Director/QIDP (PD) or designee will ensure that staff are retrained on the agency Abuse Reporting, Investigation and Follow Through procedure. This training will be documented accordingly via a training sheet/record. Staff will continue to receive training regarding abuse at least annually either through refresher training or a full abuse training course. Additionally, abuse reporting is discussed at least quarterly, if not more frequently at staff meetings. Staff who has failed to report alleged abuse or neglect according to procedure will receive disciplinary action as deemed appropriate. The staff members who failed to report what had allegedly occurred to Clients #1 & #2 received formal disciplinary action in the form of a final warning written corrective action plan.

Completion Date: 05/10/2017
