

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

PRINTED: 05/30/2017
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 05/18/2017
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 As the result of the investigation of 67754-M a deficiency was cited at W153.	W 000	See attached	
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 and record review, the facility staff failed to notify the person in charge or the designated agent of an alleged abuse, who will then notify the Iowa Department of Inspections and Appeals within 24 hours or the next business day. This affected 2 of 3 clients (Client #2 and Client #3). Findings follows: Record review on 5/11/17 identified a facility investigation about an allegation of abuse involving Resident Treatment Worker (RTW) A. According to the information contained in the investigation, RTW B reported RTW A slapped Client #1 shortly after the incident occurred on the afternoon of 4/23/17. When interviewed later in the same day regarding the incident, RTW B stated he also witnessed RTW A flick clients in the eye with his finger. RTW B said in the prior 30 days or so, he had seen RTW A finger flick Client #2 and Client #3 in their eyes. When interviewed on 5/16/17 at 2:00 p.m. RTW B confirmed he had seen RTW A finger flick Client #2 and Client #3 in the eye. RTW B said	W 153	POC 6/11/n	

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</p> <p>RTW A flicked Client #2 in the eye to get the client to take his/her medication. RTW A flicked Client #3 in the eye because the client displayed a maladaptive behavior. Both of these incidents happened one time each, within approximately 30 days of RTW B reporting them on 4/23/17. When asked why he did not report the incidents at the time they happened, RTW B noted he liked RTW A. He did not report the incidents at the time, even though he was bothered by them.</p> <p>The facility policy and procedures titled, Incident Management Policy, indicated the employees should immediately report all incidents of abuse. The policy also indicated the employee should take immediate steps to assure that the client involved received appropriate protection from further harm, including removing the aggressor from further contact with the client.</p> <p>When interviewed on 5/17/17 at 3:30 p.m. the Director of Quality Management acknowledged RTW B should have reported the incidents of suspected abuse at the time it happened. She noted RTW B was trained to report abuse allegations immediately and provided documentation. RTW B completed the state required Mandatory Reporter training on 7/17/14 and also completed an agency refresher training regarding the Incident Management policy and reporting requirements on 2/18/17.</p>	W 153		

CAC
6/6/17

Woodward Resource Center

Standard Level Deficiency Plan of Correction for DIA Investigation #67754-M

W-153 – 483.420(d)(2): 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.

On April 23, 2017, RTW B reported an incident about possible physical abuse, involving RTW A striking Client 1 in the face. RTW B reported this to supervisory personnel on April 23, 2017. Following report, an internal investigation was initiated and report was made to DIA.

On April 23, 2017, during a WRC investigatory interview, RTW B reported an additional incident about possible physical abuse involving finger flicking Client 2 and Client 3 in the eye by RTW A that allegedly occurred 30 days ago. RTW B reported this to supervisory personnel on April 23, 2017. Following report, an investigation addendum was added to the investigation already initiated and report was made to DIA.

WRC's thorough internal investigation concluded physical abuse involving Client 1 and RTW A was unsubstantiated.

WRC's thorough internal investigation concluded physical abuse involving Client 2, Client 3 and RTW A was unsubstantiated.

Immediately following the report of potential incident on April 23, 2017, WRC took immediate action to address the incident to ensure the safety of Client 1. RTW A was placed on administrative leave after the incident was reported. WRC initiated a thorough investigation. WRC, on the same day, reported the incident to DIA. Following the subsequent report later that same day on April 23, 2017, WRC added an investigation addendum to the investigation already initiated and reported the incident to DIA. WRC took immediate action to address the incident to ensure the safety of Client 2 and Client 3. RTW A had already been placed on administrative leave. Information regarding a potential delay in reporting was identified through the investigation and reviewed at WRC Incident Review Committee on May 10, 2017.

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 failed to notify the person in charge or the designated agent of an alleged abuse, who will then notify the Iowa Department of Inspections and Appeals within 24 hours or the next business day. 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, failed to perform in a manner consistent with competency-based training. RTW B had been trained on incident reporting requirements on February 18, 2017 and March 8, 2017. WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

RTW B was given appropriate discipline on May 25, 2017 for failure to report immediately to a supervisor per the Incident Management Policy.

LK
6/8/17

Responsible: Team 2 Treatment Program Administrator

Date Completed: 5/25/17

Systemic Response:

WRC has reviewed the new employee orientation curriculum and annual employee retraining curriculum regarding reporting requirements and determined the curriculum to be appropriate. 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.

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.

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.

On April 3, 2017, all WRC employees completed re-training on the types of abuse listed in the WRC Incident Management Policy and reporting immediately if a possible reportable incident occurs.

Responsible: Director of Quality Management

Date Completed: 6/1/17