

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

PRINTED: 06/27/2017
FORM APPROVED
OMB NO. 0938-0391

JK
6/30/17 Cal
6/20/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2017
NAME OF PROVIDER OR SUPPLIER COUNTRY VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 WEST DUNKERTON ROAD WATERLOO, IA 50703		
(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 153	<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 interview and record reviews, the facility failed to ensure allegations of abuse were reported to the appropriate state agency (Iowa Department of Inspections and Appeals (DIA)) in a timely manner. This affected 2 of 2 clients (Client #16 and Client #25). Finding follows:</p> <p>Record review on 6/12/17 revealed a Summary of Findings regarding an incident which occurred on 12/16/16 involving Client #25. The report documented the client alleged staff pulled his/her hair during a restraint. The facility completed an investigation and determined no purposeful action by staff occurred but the client's hair might have been pulled inadvertently during the behavioral situation. The Behavior Specialist documented she did not find reason to report the situation as an incident of abuse to DIA.</p> <p>Further record review identified an Incident Report dated 5/27/17, documenting a scratch on Client #16's face. The Incident/Accident Investigation Form completed on 5/30/17 by the Program Director (PD) documented the injury was a result of the client falling in a ditch during an elopement incident. Attached to the investigation form included statements from staff describing the behavioral situation which included the client's elopement and staff response. Also</p>	W 153 POC W 153	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by this provider #16G051 of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared solely because of provisions of federal and state law requires it. Country View will continue to operate and provide services in compliance with all federal, state and local laws, regulations and codes, and with professional standards and principles to provide services within this facility. This is Country View's credible allegation of compliance with the identified W153 tag.</p>	

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

enriq J. Caleman

TITLE

Administrator

(X6) DATE

6-28-17

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>attached was a Contact Form completed by Client #16. The client documented staff had hit him/her, grabbed and pulled his/her and scratched his/her face. The facility information concluded staff had not exited their vehicle at the time of the incident (witnessed by several staff) therefore could not have had hands on the client. The facility concluded the incident could not be substantiated therefore did not report the incident to DIA.</p> <p>Record review of the facility policy entitled "Abuse Prevention, Identification, Investigation and Reporting Policy" last revised on 4/1/17 documented all allegations of Resident neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation shall be reported to the Iowa Department of Inspections and Appeals.</p> <p>When interviewed on 6/13/17 at 1:05 p.m. the PD confirmed both incidents had not been reported to DIA. She stated, in both situations, the investigations showed no abuse occurred by staff and, also, both clients had a history of making false accusations. The PD stated it was her understanding, if during the investigation, there was no evidence of abuse, the allegation did not need to be reported to DIA.</p>	W 153	<p>(W 153) Please accept this as provider #16G051 credible allegation of compliance. The Administrator instructed all managers within the ICF/ID unit on June 15, 2017 that any unusual occurrence or allegation of abuse with any client of the unit must be reported to the administrator and/or his designee and then the incident must be reported to the Iowa Department of Inspections and Appeals. An all-staff education will be conducted on July 7, 2017 to educate all staff members. In the event of an abuse allegation, the client and alleged abuser must be immediately separated; the client will be assessed for any physical or emotional distress and proper treatment shall be given. The alleged abuser, if an employee, will either be separated from the abused client and/or suspended pending results of the investigation conducted by the Iowa Department of Inspections and Appeals. All employees are educated through in-services that they are mandatory reporters and they must report any suspected abuse to the Iowa Department of Inspections and Appeals and Administration of the facility.</p>	7-7-17



Country View
1410 West Dunkerton Road
Waterloo, Iowa 50703

✓ JF
6/30/17

The Program Manager will monitor for continued compliance through the facility Quality Assurance Program for a period of 3 months or longer if needed and will report the findings to the Quality Assurance Committee during the monthly Quality Assurance meetings.

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