

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

PRINTED: 08/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2017
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NAME OF PROVIDER OR SUPPLIER VILLAGE NORTHWEST UNLIMITED	STREET ADDRESS, CITY, STATE, ZIP CODE 330 VILLAGE CIRCLE SHELDON, IA 51201
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(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
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W 000 INITIAL COMMENTS

W 000

The investigation of #69612-C resulted in a
deficiency cited at W153.

For Systemic
Education

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

W 153

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.

The ICF/ID and Program Services Director
has developed an educational tool that all
ICF/ID staff will participate in. The tool will
be a training exercise that aids with
identification of abuse and emphasizes the
need for immediate reporting per VNU
Policy. The ICF/ID and Program Services
Director will be responsible for on-going
compliance.

For Immediate
Compliance
8/29/17

This STANDARD is not met as evidenced by:
Based on interview and record reviews, facility
staff failed to immediately report allegations of
client abuse and/or mistreatment to the
administrator or designee. As a result,
allegations of abuse and/or mistreatment were
not reported to the appropriate state agency.
This affected 1 of 1 client (Client #1) identified as
a result of investigation #69612-C. Finding
follows:

When interviewed on 8/9/17 at 2:20 p.m. Resident
Skills Trainer A reported she witnessed RST C
kiss Client #1 on the lips and stick out her tongue
and lick Client #1's cheek. RST A stated Client #1
was blind and laughed and thought it funny when
RST C did this. Client #1 liked to give hugs and
was very affectionate. RST A stated she
considered RST C's actions to be inappropriate
touching. She further stated she did not report the
incident because the House Manager and RST C
were friends and nothing would get done. She
stated the House Manager knew this happened
and did not do anything
about it. RST A reported she discussed her

To address the immediate
compliance, the ICF/ID
Program Services Director
met with each of the staff
members involved and provided
re-education of our policy
and the requirements to
immediately report to their
supervisor.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

(X6) DATE

Darryl W. White

CEO

9-1-17

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	Continued From page 1 concerns with Former RST B who also felt the behavior of RST C to be inappropriate. She confirmed she did not report this as abuse/neglect to the facility. She also stated she did not have a specific date and time this occurred. When interviewed on 8/8/17 at 4:00 p.m. RST B reported she witnessed RST C kiss Client #1 on the lips and lick her face 3-4 times. She also reported seeing RST C hold hands with Client #1. She felt the relationship was inappropriate. She confirmed she did not report the allegations of abuse to her supervisors or the facility. Record review revealed no report of alleged abuse and/or mistreatment of Client #1. Record review of the facility's abuse and neglect policy, last revised 5/27/17, stated: Any person witnessing a possible act of abuse is mandated by law and Village policy to report it "immediately" means as soon as possible, but not to exceed 24 hours after discovery of the incident. When interviewed on 8/10/17 at 8:00 a.m. the House Manager stated she never witnessed any kissing on the lips or licking the face of Client #1 by any staff. She further stated she never heard of any such behavior and would have reported this immediately as per facility policy.	W 153			