

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

PRINTED: 12/05/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  16G018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/16/2017
NAME OF PROVIDER OR SUPPLIER  HILLS & DALES CHILD DEVELOPMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 DAVIS AVENUE DUBUQUE, IA 52001		
(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  A deficiency was cited at Iowa Code 135C.33 regarding the annual health facility survey.	W 000		
W 249	A deficiency was cited at W249 as the result of the investigation of #72254-I.  PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.   This STANDARD is not met as evidenced by: Based on interview and record review, facility staff failed to follow the client Individual Program Plans (IPPs) as written which resulted in a client elopement. This affected 1 of 1 client (Client #8)  Findings follow:  Record review on 11/13/17 revealed a facility internal investigation, initiated 10/21/17. According to the internal investigation, on 10/21/17 Client #8 left his/her bedroom at approximately 10:06 p.m. while Personal Assistant (PA) C completed a check at the neighboring home/unit, Northern Valley. Client #8 eloped to an outside patio at approximately 10:10 p.m. Licensed Practical Nurse (LPN) A responded after Client #8 rang the doorbell at	W 249	POC 12/20/17	

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

TITLE (X6) DATE

*Marilyn Anthony*

*CEO 10/13/17*

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 249	<p>Continued From page 1</p> <p>10:11 p.m. PA C failed to ensure Client #8's mat alarm worked properly prior to leaving his/her bedroom, turned off Client #8's bedroom door alarm, and failed to take the client's sound monitor with her when she left to complete the check of the neighboring home/unit.</p> <p>Client #8 was 17-years old and resided in the Prairie Ridge Home (unit) at the facility. Client #8's diagnoses included, but were not limited to: severe intellectual disabilities, organic brain syndrome, pervasive developmental disorder, attention deficit hyperactivity disorder, PICA (ingestion of inedibles), and Lennox-Gastaut Syndrome with tonic seizures.</p> <p>Record review on 11/14/17 revealed Client #8's Individual Program Plan (IPP), dated 5/17/17. The IPP included a procedure for the use of monitors. The procedure instructed staff to turn on the sound monitor and mat alarm anytime Client #8 slept for the evening or took a nap. The procedure also included the use of a motion sensor on the client's bedroom doorframe when he/she was in bed for the evening to alert staff if he/she were to walk out of his/her room in the middle of the night. Client #8's IPP also noted a procedure for leaving the home unattended. The procedure instructed staff to immediately follow Client #8 if he/she left the home due to his/her potential for falling from seizure activity.</p> <p>Review of the facility video surveillance on 11/14/17 revealed the following:</p> <ul style="list-style-type: none"> <li>a. At 10:04 p.m., PA C left Prairie Ridge Home and went across the hall to Northern Valley Home.</li> <li>b. At 10:06 p.m., Client #8 exited his/her bedroom and walked to the home's living room.</li> </ul>	W 249		

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W 249	<p>Continued From page 2</p> <p>c. At 10:07 p.m., Client #8 left Prairie Ridge Home, walked in the hallway toward the nurses' station, and then turned right at the nurse's station, down another hallway that led to an exit door about half way down the hallway.</p> <p>d. At 10:08 p.m., PA C walked back to Prairie Ridge Home, approached Client #8's bedroom, picked up something off the floor then sat down in a chair by the kitchen</p> <p>e. At approximately 10:10 p.m., Client #8 walked out of the exit door to an outside patio and immediately turned around toward the door. Client #8 wore pajama pants, a t-shirt, and had no socks or shoes on.</p> <p>f. At 10:11 p.m., LPN A assisted Client #8 back inside and to Prairie Ridge Home.</p> <p>According to Wunderground.com, on 10/21/17 at approximately 10:00 p.m. the weather was overcast with a temperature of 69 degrees and a south wind at 13.8 miles per hour.</p> <p>When interviewed on 11/14/17 at 12:15 p.m., the Qualified Intellectual Disabilities Professional (QIDP) A confirmed neither the mat alarm, nor the motion sensor were on at the time of the incident. He noted PA C admitted she turned off the motion sensor when interviewed during the internal investigation.</p> <p>When interviewed on 11/14/17 at 1:30 p.m., LPN A stated he was in the office located at the nurses' station when he heard the doorbell ring at approximately 10:15 p.m. on 10/21/17. He stated he went to check and found Client #8 standing outside. LPN A said he assisted Client #8 back to Prairie Ridge Home and informed PA C of the incident. LPN A said PA C reported she did a check in the Northern Valley Home but did not</p>	W 249		

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W 249	<p>Continued From page 3</p> <p>take the sound monitor with her. LPN A stated Client #8's mat alarm and motion sensor were not on at the time of the incident. He explained staff were able to hear the alarms when at Northern Valley Home. He confirmed staff were to carry sound monitors with them when they completed checks in another home.</p> <p>When interviewed on 11/14/17 at 3:30 p.m., PA C stated she worked the overnight shift at Prairie Ridge and Northern Valley Homes on 10/21/17. She said at approximately 9:45 p.m. she assisted Client #8 to change his/her brief and helped him/her back to bed. PA C said she reset the mat alarm because it sounded, set the control box on the floor, and sat in Client #8's bedroom doorway to visually monitor him/her. PA C admitted she turned off the motion sensor because it continued to sound while she sat in the doorway. PA C said after 15-20 minutes, she closed Client #8's bedroom door because she thought he/she was asleep. PA C explained an alarm in Northern Valley Home sounded so she walked across the hall to check it and returned to Prairie Ridge Home within a few minutes. PA C stated she did not bring Client #8's sound monitor with her since she did not plan to be gone more than a few minutes. PA C said a few minutes later LPN A came into the home with Client #8 and informed her Client #8 had gone outside. PA C confirmed she was unaware of Client #8's absence. PA C said she traded duties with PA D for the rest of the shift. She reported PA D told her the mat alarm was not on, it was disconnected from the power box. She stated she had reset the alarm by pushing the button but never disconnected it when she assisted Client #8 with a brief change. PA C reported she handed PA D Client #8's door motion sensor but could not recall when she</p>	W 249		

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W249	<p>Continued From page 4</p> <p>picked it up. PA C confirmed staff were to carry the sound monitors with them when they left the unit.</p> <p>When interviewed on 11/14/17 at 7:20 p.m., PA D said on 10/21/17 around 10:00 p.m. she was in Northern Valley Home completing a treatment when PA C entered. She stated PA C assisted a client and left the home within two to three minutes. PA D said she changed duties with PA C following the incident involving Client #8. PA D explained after she traded duties, Client #8 got out of bed but the mat alarm did not sound. PA D reported she discovered the alarm was disconnected from the power box so she reconnected it. PA D said she obtained the motion sensor from PA C and put it back on the doorframe. PA D confirmed staff were to carry sound monitors with them when doing checks in another home.</p> <p>When interviewed on 11/15/17 at 11:05 a.m., QIDP A confirmed PA C failed to follow Client #8's IPP, as written, which resulted in Client #8 eloping from the facility. He explained Client #8's alarms were audible in the other home and activated both alarms; the surveyor was able to hear both alarms while in the Northern Valley Home with the door open and closed. He said PA C failed to take the sound monitors with her when checking the other home. He confirmed staff were to carry the sound monitors when checking another home.</p>	W 249		

✓ 12/14/17

Hills & Dales

1011 Davis Street, Dubuque, IA 52001

Survey Date: 11/16/2017

Provider ID Number: 16G018

ID PREFIX	PROVIDER'S PLAN OF CORRECTIONS	COMPLETION DATE
	<b>483.440(d)(1) PROGRAM IMPLEMENTATION</b>	
W249	<p>Third Shift Personal Assistant Staff were provided retraining on behavioral programs containing auditory monitors, motion detectors and mat alarms that are used during hours of sleep and/or during and times. Reviewed the importance of these monitoring devices for resident safety and in some cases the safety of others sharing the house and/or the room.</p> <p>The Third Shift training packet will be made to include more specific individual resident information and behavioral intervention strategies to implement in the event that a resident is aware on the overnight shift.</p> <p>A staff has been assigned to remain in the PR home during hours of sleep to be aware of residents wake/sleep patterns and provide support, redirection and provide intervention as needed.</p> <p>Procedural change was made for securing the vestibule door. The door will be disengaged prior to the end of the second shift and will be engaged prior to third shift leaving..</p> <p>The Health Services class is being revised to include a section, if a resident had a significant seizure</p>	Implementation: 12/20/2017  Monitoring Ongoing

	<p>for a consented auditory monitor to be used during sleep/rest time when the person may be in bed, to alert staff of any distress the person maybe experiencing due to a seizure. The staff assigned to this resident would be responsible for carrying the sound monitor with them to alert them of a distress situation.</p> <p>The Behavior 101 class is being revised to include a section identifying and discussing consented motion or mat alarms that may be used in some residents programs that are used during nap and or bed time to identify awake periods, out of bed activity, distress or self injurious behaviors that a person may be engaging in, that staff may need to intervene in, according to their formal programming.</p> <p>These topics will be reviewed and discussed at upcoming Team Meetings for all program staff. As well as being added to the Health &amp; Safety and Training Fairs held annually.</p> <p>Monitoring: On-going</p> <p>Person Responsible:</p> <ul style="list-style-type: none"> <li>Third Shift Nurse</li> <li>QIDP/PC</li> <li>IFC Services Director</li> </ul>	
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Submitted by Marilyn Althoff, Hills & Dales CEO

Cc: ICFID Dir, Compliance Dir., QIDP/PC'S, CEO

## DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IAG0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING	(X3) DATE SURVEY COMPLETED  11/16/2017
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G 285	<p>64.34(1) Personnel histories</p> <p>481-64.34(135C) Personnel histories.</p> <p>64.34(1) Each health care facility shall submit a form specified by the department of public safety to the department of public safety, and receive the results of a criminal history check and dependent adult abuse record check before any person is employed in a health care facility. The health care facility may submit a form specified by the department of human services to the department of human services to request a child abuse history check. For the purposes of this rule, "employed in a facility" shall be defined as any individual who is paid, either by the health care facility or any other entity (i.e., temporary agency, private duty, Medicare/Medicaid or independent contractors), to provide direct or indirect treatment or services to residents in a health care facility. Direct treatment or services include those provided through person-to-person contact. Indirect treatment or services include those provided without person-to-person contact such as those provided by administration, dietary, laundry, and maintenance. Specifically excluded from the requirements of this rule are individuals such as building contractors, repair workers or others who are in a facility for a very limited purpose, are not in the facility on a regular basis, and who do not provide any treatment or services to the residents of the health care facility.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to consistently obtain an employee background history and abuse checks within 30 days of hire for 2 new employees (Personal Assistant A and Personal Assistant B).</p>	G 285	<p>As of 12/1/17 we have updated and started using form HR907 (attached) to verify before the employee starts that the criminal history check and dependent adult abuse record checks are completed within 30 days of hire.</p> <p>Monitoring: On-going</p> <p>Person Responsible: Human Resource Director Human Resource Assistants</p>	12/17/17

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

609

HJ1Z11

TITLE

(X6) DATE

CEO 12/12/17

If continuation sheet 1 of 2

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IAG0030	(2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING:	(3) DATE SURVEY COMPLETED  11/16/2017
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G 288	<p>Continued From page 1</p> <p>Findings follow:</p> <p>Record review on 11/13/17 revealed Personal Assistant (PA) A, was hired 8/13/17. The Initial Single Contact and License Background Check (SING) was completed 4/06/17, which was more than 30 days prior to PA A's date of hire. A second SING was completed 5/16/17. Both background checks revealed no record of child or dependent adult abuse, sex offender or criminal history.</p> <p>Record review on 11/13/17 revealed PA B, hired 10/09/17. The Initial SING background check was completed 8/18/17, which was more than 30 days prior to PA B's date of hire. A second SING was completed 10/10/17. Both background checks revealed no record of child or dependent adult abuse, sex offender or criminal history.</p> <p>When interviewed on 11/13/17 at 1:00 p.m. the Human Resource (HR) Director acknowledged the initial background checks were done more than 30 days prior to hire for PA A and PA B. She said the facility realized it after the employees were hired and did a second background check. She noted both employees only worked one day prior the second background check. The HR Director stated the employees did paperwork and training on their first day and did not work directly with the clients. The facility recently implemented procedures to ensure staff were not hired after more than 30 days after the background check.</p>	G 288		

Hills & Dales  
1011 Davis Street, Dubuque, IA 52001  
Survey Date: 11/16/2017

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	<i>481-64.34 (135C) Personnel Histories</i>	
G285	<p>As of 12/1/17, we have updated and started using form #HR907 to verify before the employee starts the criminal history check and dependent adult abuse checks are completed within 30 days of hire.</p> <p>Monitoring: On-going</p> <p>Person Responsible: Human Resource Director Human Resource Assistants</p>	<p>Implementation: 12/17/2017</p> <p>Monitoring Ongoing</p>

Submitted by Marilyn Althoff, Hills & Dales CEO  
Cc: HR Dir, Controller, Compliance Dir., HR Assist., CEO