

✓ 12/22/17 OK 12/20/17

PRINTED: 12/15/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | | |
|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 11/30/2017 |
| NAME OF PROVIDER OR SUPPLIER OPPORTUNITY VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428 | | |
| (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) COMPLETE DATE |
| C 146 | <p>50.7(3) Additional notification</p> <p>481-50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:</p> <p>50.7(3) When there is an act that causes major injury to a resident or when a facility has knowledge of a pattern of acts committed by the same resident on another resident that results in any physical injury. For the purposes of this subrule, "pattern" means two or more times within a 30-day period.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report a pattern of acts committed by an individual toward another individual resulting in any physical injury. This affected 3 of 26 clients (Client #7, #8 and #9). Finding follows:</p> <p>Record review on 11/27/17 revealed facility General Events Report (GER). Review of the GER's revealed the following:</p> <p>a. On 9/22/17 staff completed a GER for Client #9 after finding three bruises on his/her upper left bicep. The report follow-up noted the facility investigated the unknown bruise and concluded Client #7 approached and pinched Client #9 on 9/21/17.</p> <p>b. A GER completed on 9/22/17 documented Client #7 hit Client #8 on the shoulder on 9/21/17, which resulted in a dime size bruise on his/her left</p> | C 146 | <p>C 146</p> <p>We will report all patterns of acts committed by an individual toward another individual resulting in any physical injury. We have changed our definition of physical injury to state that we will consider it a physical injury if it leaves a mark after 24 hours that requires a healing process. The leadership staff have been retrained on this new definition. The Quality Leader will monitor all GER's and track any that involve resident to resident injuries and will notify the Regional Director if there are two in a 30 day period to ensure they get reported. The QDDP's will also be mindful of any resident to resident injuries and will coordinate with the Quality Leader to ensure all injuries are being tracked.</p> <p>Start date: immediately Person responsible: Quality Leader and QDDP</p> <p><i>Janet Iverson, RD</i> 12/18/17</p> | |

POC 12/15/17

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | | |
|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 11/30/2017 |
| NAME OF PROVIDER OR SUPPLIER OPPORTUNITY VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428 | | |
| (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) COMPLETE DATE |
| C 146 | <p>Continued From page 1</p> <p>shoulder.</p> <p>c. A GER completed on 10/15/17 noted Client #7 kicked Client #9. On 10/17/17, nursing staff noted Client #9 had a "very light bruise" on his/her right shin.</p> <p>The record documented the facility reported the peer-to-peer aggressions on 9/21/17 to DIA, but lacked documentation the incident on 10/15/17, 24 days from the previous incidents, had been reported to DIA as required.</p> <p>Additional record review on 11/27/17 revealed the facility's definition of an injury regarding peer-to-peer interactions approved by the Services Director (SD) on 10/19/17. The definition noted "An injury is any mark that requires continued medication attention of some sort after 48 hours. Continued medication attention would consist of continued use of antibacterial ointment, bandages, ice packs, etc..."</p> <p>When interviewed on 11/29/17 at 4:10 p.m., the SD explained the facility was in the process of formalizing the definition of an injury around the time of the peer-to-peer aggression on 10/15/17. She explained the facility used a similar definition prior to the incident on 10/15/17. The SD provided her handwritten definition which noted "mark still there 48 hours later. Other than slight redness or slight bruising not needing treatment." The SD confirmed the peer-to-peer aggression 10/15/17 had not been reported to DIA based on the facility's definition of an injury.</p> | C 146 | | |