

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

PRINTED: 04/13/2018
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 03/29/2018
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	<p>INITIAL COMMENTS</p> <p>The investigation of 74631-I resulted in a determination of Immediate Jeopardy (IJ) based on concerns of client safety. The facility was notified of the IJ status on 3/20/18 at approximately 1:30 p.m. The facility provided a plan to remove the IJ, which included revision of Client #1's ISP to include supports required during swimming activities, development and training of procedures titled "Swim Trip Expectations, training of accountability protocols, and disciplinary action for staff involved. The IJ was removed the morning of 3/21/18.</p> <p>As a result of the investigation, the Condition of Participation (CoP) - Facility Staffing was determined to be out of compliance, and cited at W158. A standard-level deficiency was cited at W189.</p>	W 000	<p>See Attached</p> <p>POC 5/17/18</p>	
W 158	<p>FACILITY STAFFING CFR(s): 483.430</p> <p>The facility must ensure that specific facility staffing requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on interviews and record review, the facility failed to maintain minimum compliance with the Condition of Participation (CoP) - Facility Staffing. The facility failed to provide adequate and appropriate training to ensure staff ability to effectively and competently perform job duties to promote and ensure client safety. The facility failed to provide adequate staff training to ensure the safety of clients during water activities, such as swimming. These concerns resulted in a determination of Immediate Jeopardy (IJ) based</p>	W 158		

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.

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

PRINTED: 04/13/2018
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 03/29/2018
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 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)
W 158	<p>Continued From page 1</p> <p>on concerns of client safety. The facility was notified of the IJ status on 3/20/18 at approximately 1:30 p.m. The facility provided a plan to remove the IJ, which included revision of Client #1's ISP to include supports required during swimming activities, development and training of procedures titled "Swim Trip Expectations, training of accountability protocols, and disciplinary action for staff involved. The IJ was removed the morning of 3/21/18.</p> <p>Cross-reference W189: Based on interviews and record reviews the facility failed to provide effective staff training to ensure staff effectively and competently demonstrated the appropriate skills to ensure client safety. Specifically, the facility failed to provide staff adequate supports and training to ensure client safety during water activities, such as swimming</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record reviews the facility failed to provide effective staff training to ensure staff effectively and competently demonstrated the appropriate skills to ensure client safety. Specifically, the facility failed to provide staff adequate supports and training to ensure client safety during water activities, such as swimming. This affected 1 of 1 sample clients (Client #1) involved in investigation #74631-I.</p>		W 158	
W 189			W 189	

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

PRINTED: 04/13/2018
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 03/29/2018
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 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 189	<p>Continued From page 2</p> <p>Finding follows:</p> <p>Record review on 3/21/2018 revealed the Facility's Incident Report (IR) dated 3/16/18 at 10:00 a.m. According to the IR, on 3/16/18, at 10:20 a.m., Client #1 was swimming with leisure staff at the swimming pool located in Johnston, Iowa. Staff reported Client #1 walked over to the deeper water (five feet) from a bench in the shallow water (two feet), where he/she always sat. Staff observed the client floating, feet down and head down blowing bubbles, which was something he/she had done before. Activity Specialist (Specialist) A asked a Residential Treatment Worker (RTW) "Where is Client#1?" The RTW replied, "He/She is right here." Specialist A began to call Client #1, rushed to his/her side and sensed a problem. The Specialist moved Client #1 to the edge of the pool. The swimming pool staff removed him/her from the pool and provided CPR. Staff reported the client was face down in the water for 30 seconds. CPR was initiated for one minute and the client responded. Client #1 was placed on oxygen and transported to a local hospital via ambulance. Additional review of the incident report provided medical notes, completed by Nurse A 3/20/18 at 8:51 a.m.. Nurse A documented communication with the local hospital. Client #1 was admitted for hypoxia. He/She was placed on Oxygen at 2L/NC and lungs were coarse. Nurse A further documented Client #1 was stable and back to his/her baseline.</p> <p>Record review on 3/20/18 revealed the Mercy Medical Center History and Physical Consultation, dated 3/17/2018. The report documented "This (man/woman) was admitted to</p>	W 189		

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

PRINTED: 04/13/2018
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 03/29/2018
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)
W 189	<p>Continued From page 3</p> <p>the hospital after a near drowning episode. (He/she) was apparently in a pool for 30 seconds. (His/her) caregiver states (he/she) is back to normal. There is a history of psychomotor epilepsy but I am told that (he/she) has not had seizures in years." The consultation noted, "Impressions: admitted following a near drowning episode. (He/she) seems to have come out of this event well. Recommendations: can be discharged when medically stable." The report documented Client #1's discharge occurred 3/18/18 at 3:58 p.m.</p> <p>Record review on 3/19/18 revealed the facility's witness statement form, dated 3/16/18 and signed by Specialist A revealed at approximately 9:30 a.m. six staff took 11 clients, in two vans, to the swimming pool in Johnston, IA. Specialist A noted she was accountable for Client #1. Specialist A indicated she drove a van with three clients and Activity Aide (AA) C, Client #1 being one of the three clients. When they arrived at the swimming pool, Specialist A asked AA C if she wanted her to park the van and AA C told her to drop off her and the clients at the door and she would help the clients change into their swim suits. AA C took the clients into the building and the locker room while Specialist A parked the van. Specialist A parked the van, went into the building, changed into her swimsuit and went to the bathroom. When she came out of the bathroom and into the pool area she scanned the pool, went down the ramp leading to the pool and briefly talked to another client. Specialist A then looked for Client #1 in the shallow area of the pool, where he/she usually sat (benches in the pool). The Specialist then asked all staff "Where is (Client #1)?" She reported RTW B said "(He/She) was over here. (He/She) is floating."</p>		W 189	

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

PRINTED: 04/13/2018
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 03/29/2018
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)
W 189	<p>Continued From page 4</p> <p>Specialist A then stated, "That can't be (Client#1); (Client #1) does not float!" She swam over to the client, attempted to turn him/her over in the water, but was unable to. Specialist A lifted Client #1's head out of the water and moved the client to the edge of the pool where she thought she and other staff got Client #1 out of the pool. She thought the swimming pool staff then initiated CPR.</p> <p>A review of Client #1's records, on 3/19/18, revealed a 67 year old individual with diagnoses including: profound intellectual disability, anxiety disorder, autism spectrum disorder, partial epilepsy stable. Client #1 lived at House 105 Cherry. The client had no functional speech. Client #1 was 66 inches tall and weighed 142 pounds. The Client's Individual Support Plan (ISP) described Client #1 as quiet, cooperative, easy going and noted he/she liked cars and van rides. He/She required general supervision. The ISP stated the client preferred housemates who were quiet, not up and down through the night and individuals he/she felt safe with. The ISP also indicated Client #1 "does better in a quieter environment." Client #1's ISP indicated he/she enjoyed swimming, but provided no indication of supports Client #1 required to swim safely.</p> <p>Additional review of Client #1's record indicated he/she had a history of seizures and had not had a reported seizure since 2002. A 3/12/18 clinical note reported Client #1 had taken no intake for breakfast and lunch that day. Vitals were reported normal with no other concerns at that time. The Physician's Assistant was notified and did not have any concerns at that time and staff were continue to monitor. Client #1 received an "Upper Respiratory" nursing assessment on 3/13/18. The assessment was within normal</p>		W 189	

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

PRINTED: 04/13/2018
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 03/29/2018	
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1261 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 189	<p>Continued From page 5</p> <p>limits with the "exception nares with large amount thick drainage." The assessment indicated nasal drainage with Mucinex ordered. Staff were to monitor the client and report further concerns to nursing. No outing restrictions were noted.</p> <p>When interviewed on 3/19/18 at 10:45 a.m. Specialist A reported on 3/16/18 she was responsible for driving a van to a swimming activity. She took three clients, two from 303 Pine and one client from 105 Cherry. In addition, an Activity Aide rode in the van. She stated she went into 105 Cherry to pick up the client and the client did not want to go swimming. She noted Client #1 indicated he/she wanted to go in the van and to the swimming activity. The Specialist said everything happened very quickly, they were in a hurry and Client #1 wanted to go in the van. Staff and Client #1 gathered his/her swim wear and the client went to the van. She explained she did not want to take Client #1 as the client had recently gone swimming at the center and she wanted to take the other client. Specialist A stated she then drove the van to the swimming pool location with three clients, including Client #1 and AA C. Specialist A reported she dropped off the three clients and AA C at the door of the center and parked the van. She then went in the center, changed into her swimsuit and went to the bathroom. She did not recall how long it took her to park the van, change and go to the bathroom, but estimated it to be just minutes. According to Specialist A, she entered the pool area, checked out to see the clients in the water and one of the clients began talking to her. She pointed out she then looked for Client #1, but did not see him/her in the usual spot where he/she sat in the shallow area of the pool. Specialist A reported she called out, "Where's (Client #1)?" and a staff person</p>		W 189		

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

PRINTED: 04/13/2018
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 03/29/2018
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 189	<p>Continued From page 6</p> <p>said he/she was floating. She pointed out Client #1 only liked the shallow water and she thought something was wrong. The Specialist stated she went over to Client #1 poked him/her on the back and tried to get his/her head up out of the water. Another staff helped her get Client #1 out of the water and the Lifeguard began CPR. According to Specialist A, she knew about an email sent from Psychology Assistant (PA) D which stated Client #1 had a fever last week and she didn't want to run a risk of aspiration that week. She noted the House Residential Treatment Supervisor (RTS) was at the house and did not mention Client #1 was not to attend the outing. The Specialist also said a 105 Cherry RTW said Client #1 could go swimming. She did not recall the name of the RTW. The Specialist reported when she was at 105 Cherry everything was happening so fast, they were in a hurry and Client #1 wanted to go in the van, she didn't think about the email. Specialist A stated she was familiar with Client #1 and, at various times had him/her off and on her caseload. She confirmed she was responsible for the supervision of Client #1 during the swimming activity and she was not directly responsible for the supervision of other clients. Specialist A reported she had CPR training, but no water safety training.</p> <p>When interviewed on 3/19/18 at 1:00 p.m. AA C confirmed she rode in the van with Specialist A and three clients, including Client #1. She noted she was responsible for the two clients from 303 Pine. When they arrived at the pool, she took the three clients into the building while Specialist A parked the van. AA C stated the three clients changed, showered and entered the pool. She recalled Client #1 went down the ramp to the pool to the two foot area, sat down for three to four</p>	W 189		

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

PRINTED: 04/13/2018
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 03/29/2018
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)
W 189	<p>Continued From page 7</p> <p>minutes, then went to the five foot area of the pool and blew some bubbles. According to AA C, she saw Specialist A in the water and heard her say, "Where is (Client #1)?" She thought someone said he/she was floating. AA C said Specialist A went immediately to Client #1 and helped him/her to the side of the pool, where the lifeguards got him/her out of the water and began CPR. AA C reported she rode in the ambulance with Client #1 to the hospital. She recalled him/her being conscious in the ambulance and alert and awake in the hospital. AA C stated she had been to the pool with Client #1 two or three times, prior to the incident. In addition, AA C confirmed Specialist A did not give Client #1's accountability sheet to her prior to parking the van.</p> <p>When interviewed on 3/19/18 at 11:00 a.m., 103 Cherry RTW E stated eight clients from 103 Cherry attended the swimming activity. RTW E mentioned he was not aware the other clients from 105 Cherry and 303 Pine were attending the activity. He was responsible for two of the 103 Cherry Clients. He noted the recreation staff were in the pool and he monitored the clients from outside the pool. He described the eight clients from 103 Cherry as high functioning, independent and "rowdy." He pointed out there were 11 clients in the pool, three recreation staff in the pool, three staff outside the pool and a family of three in the shallow end. He acknowledged he did not notice Client #1 until he heard staff say, "Where's (Client #1)?" RTW E thought it was maybe one or two minutes from the time staff said, "where's (Client #1)?" to the time CPR was initiated on the client. RTW E remarked he didn't know Client #1.</p> <p>When interviewed on 3/19/18 at 12:50 p.m. 103</p>		W 189	

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

PRINTED: 04/13/2018
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 03/29/2018
NAME OF PROVIDER OR SUPPLIER WOODWARD RESOURCE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1261 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 189	<p>Continued From page 8</p> <p>Cherry RTW F stated she was accountable for two 103 Cherry clients. She said she was not in the water with the clients. She noted she saw Client #1 floating in the five foot area and noted that his/her hands were moving. She remembered hearing Specialist A asking "Where's (Client #1)?" According to RTW F, she did not know where Specialist A was prior to hearing her ask the location of Client #1. She said Specialist A took the Client to the side of the pool, staff lifted him/her out of the pool, and the lifeguards administered CPR. RTW F reported she had worked with Client #1 in the past but not on a routine basis.</p> <p>When interviewed on 3/19/18 at 1:30 p.m. AA G stated she was assigned to 103 Cherry. She described the 103 Cherry clients as "rowdy." She noted she was in the pool with the clients when she noticed Client #1 blowing bubbles. She said Specialist A then went to Client #1 to get his/her attention and get him/her out of the pool. AA G recalled she had gone to the pool one other time with Client #1 and only remembered him/her sitting on a bench in the shallow area. According to AA G, there were three staff in the water, three staff out of the water and a lifeguard. She said she was not aware of a client to staff ratio policy for a swimming activity, but was comfortable with the 11-6 ratio at the pool. AA G pointed out with the exception of Client #1, all the clients were very active in the pool (i.e. splashing, loud, etc.).</p> <p>When interviewed on 3/20/18 at 9:00 a.m. Activity Specialist H noted she had been swimming at that pool for seven years. She reported on 3/16/18 she drove the van carrying the 103 Cherry clients. She described the clients as "rowdy." Specialist H recalled hearing Specialist</p>	W 189		

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

PRINTED: 04/13/2018
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 03/29/2018
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)
W 189	<p>Continued From page 9</p> <p>A ask, "Where's (Client#1)?" She remembered seeing the client in the deep end, on top of the water, face slightly in the water and blowing bubbles. According to Specialist H, Specialist A swam about 10 feet to Client #1 and tapped him/her on the shoulder. Specialist A then took the client to the side of the pool, where staff hoisted him/her out of the water. Specialist H offered Client #1 did not socialize with other clients and she did not feel he was used to being with the 103 Cherry clients. She pointed out Client #1 usually went swimming with the "quiet group." Specialist H stated she had CPR training and used to have water safety training, but no current training.</p> <p>When interviewed on 3/20/18 at 11:00 a.m. the Lifeguard stated there were more clients than usual in the pool on 3/16/18. She noted staff told her it was spring break. She described the clients as "rowdy." The Lifeguard said the clients did not all enter the water together and came out of the locker in shifts. The Lifeguard recalled there were two or three staff in the water and three or four staff out of the water. She thought there were enough staff to manage the clients. The Lifeguard said she heard a staff ask, "Where is (Client #1)?" and began to look around. She saw staff turn the client over and bring him/her to the side of the pool. She remarked the Client was pulled out of the water and she checked his/her pulse. The Lifeguard verified Client #1 had a pulse, but could not hear breathing. She rolled Client#1 to his/her side and nursing staff arrived to take over the rescue. According to the Lifeguard, there were typically 6-8 clients attending the swimming activity and there were always enough staff. She did note it may have helped if more staff were in the water.</p>		W 189	

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

PRINTED: 04/13/2018
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 03/29/2018
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)
W 189	<p>Continued From page 10</p> <p>Record review revealed the Facility's Accountability Program Services Procedure Manual did not provide clear guidelines for staff transporting clients to swimming activities and for staff supervising clients in a swimming area.</p> <p>Additional record review revealed no clear guidelines for swimming activities.</p> <p>On 3/19/18 at 12:00 p.m. the Superintendent confirmed there no facility policies and/or procedures in place regarding swimming activities.</p> <p>The above findings resulted in a determination of Immediate Jeopardy (IJ) based on concerns of client safety. The facility was notified of the IJ status on 3/20/18 at approximately 1:30 p.m. The facility provided a plan to remove the IJ, which included revision of Client #1's ISP to include supports required during swimming activities, development and training of procedures titled "Swim Trip Expectations, training of accountability protocols, and disciplinary action for staff involved. The IJ was removed the morning of 3/21/18.</p>		W 189	

OK
4/27/18
✓ 4/27/18

Woodward Resource Center (WRC)
Standard Level Plan of Correction for DIA Investigation #74631-I

Tag W-158 – Condition of Participation: Facility Staffing - 483.430(a): The facility must ensure that specific facility staffing requirements are met.

On March 16, 2018, Client 1 was on an off campus recreational swimming trip with 10 other clients and six WRC staff. He/she was found unresponsive in the swimming pool by his/her assigned staff person. Client 1 was admitted to the hospital for hypoxia on March 16, 2018. Client 1 was treated with IV antibiotics. Client 1 was discharged from the hospital on March 18, 2018, to WRC's Medical Center. Client 1 returned to his/her home on March 19, 2018. Staff did not provide appropriate supervision of Client 1 while he/she was in the swimming pool.

Through WRC's internal investigation and WRC's Incident Review Committee the problem was identified that staff did not follow WRC's Accountability Procedure for Client 1 while he/she was in the swimming pool. In addition WRC identified that Activities (Leisure) Specialist A and Activity Aide A, did not ensure proper supervision was occurring when Client 1 was in the swimming pool. WRC also identified the need for swimming pool guidelines to be developed and trained.

DIA found the facility failed to provide adequate and appropriate training to ensure staff ability to effectively and completely perform job duties to promote and ensure client safety. The facility failed to provide adequate staff training to ensure the safety of clients during water activities, such as swimming. These concerns resulted in a determination of Immediate Jeopardy based on the concerns of client safety. The facility was notified of the IJ status on March 20, 2018, at approximately 1:30 p.m. The IJ was removed the morning of March 21, 2018.

Individual response

WRC fully reviewed this self-reported incident.

On March 16, 2018, all swimming activities at WRC were immediately stopped, pending training.

On March 20, 2018, at 8:35AM the Interdisciplinary Team for Client 1 determined it would be necessary for Client 1 to have 1:1 supervision; within 2 arms' length when swimming in the future. Client 1's Individual Support Plan was revised on March 20, 2018.

By March 23, 2018, staff, who are regularly assigned to work with, Client 1, were retrained on his/her Individual Support Plan.

By March 23, 2018, Client 1's Individual Support Plan Information sheet was also revised and retrained to staff regularly assigned to work with Client 1.

On March 20, 2018, Administrative staff trained the Activities Specialist Supervisor, Treatment Program Administrators, all available Activities (Leisure) Specialists, Activity Aides, Treatment Program Managers and AM Resident Treatment Supervisors on the Swim Trip Expectations below. The one staff currently not on duty will be trained on their next work shift and prior to assisting on any swim trip.

Between March 20, 2018 and March 29, 2018, 99% of all available Resident Treatment Supervisors, Psychology Assistants and Resident Treatment Workers have been trained on the Swim Trip Expectations below and those not currently on duty will be trained on their next work shift and prior to assisting on any swim trip.

Therapy Pool Swim Trip Expectations:

- The Activities Specialist Supervisor will assign a designated Leisure Specialist in charge for each swim trip to ensure overall coordination of the trip.
- Final approval of swim trip attendees (both individuals and staff) must be approved by either, the Activities Specialist Supervisor, Treatment Program Administrator or Assistant Superintendent.
- Staff providing supervision and support to individuals shall be in swimwear and enter the pool with the individuals.
- No more than a 1:2 staff to individual ratio for the swim trip. This may go to a 3:1 staff to individual ratio for short periods of time if necessary to get out of the pool to assist with toileting, behavioral situations, etc.
- No one goes into the water until all staff and individuals are ready to swim and accountability has been clearly determined and verbalized.
- While accountability sheets cannot be on your person in the pool, at the very least they need to be secured in the locker room.
- RTSs and/or TPMs will work with leisure specialists to finalize who goes on swim trips. Any last minute changes in individual attendance must be approved by supervisory staff.
- If there are questions about an individual's medical condition related to swimming, the RTS and/or TPM will work with medical staff to make a determination of appropriateness.

On March 20, 2018, all available Activities (Leisure) Specialists and Activity Aides were trained on the Leisure Activities Accountability Checklist.

On March 22, 2018, Activities (Leisure) Specialists A and H, and Activity Aide C were retrained on the WRC Accountability Procedure.

On March 23, 2018, Resident Treatment Worker E was retrained on the WRC Accountability Procedure.

On March 26, 2018, discipline was completed for Activities (Leisure) Specialist H for failure to follow the WRC Accountability Procedure.

On March 26, 2018, discipline was completed for RTW E for failure to follow the WRC Accountability Procedure.

On March 29, 2018, discipline was completed for Activities (Leisure) Specialist A for failure to supervise Client 1 and failure to follow the WRC Accountability Procedure.

On March 29, 2018, discipline was completed for Activity Aid C for failure to supervise Client 1 and failure to follow the WRC Accountability Procedure.

By May 7, 2018, all available staff that regularly have contact with individuals, including Activities Specialist A and Activity Aid C, will be trained on the WRC developed Leisure Department Planned Trip Water Safety Protocol.

By May 7, 2018, all available staff that regularly have contact with individuals, including Activities Specialist A and Activity Aid C, will be trained on the WRC developed House Group or Individual Staff Planned Trip Water Safety Protocol.

Responsible: Superintendent

Date due: May 7, 2018 and on-going

Systemic response

By April 11, 2018, WRC had reviewed, revised and trained all available staff who have regular contact with individuals on the revised WRC Accountability Procedure

WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

WRC management team will continue to develop, monitor, and revise, as necessary, policies and operating directions which ensure the necessary staffing, training resources, equipment and environment to keep individuals safe.

New employees that work directly with individuals receive training on the Accountability Procedure during new employee orientation and annually thereafter.

New employees that work directly with individuals will receive training on the WRC Leisure Department Planned Trip Water Safety Protocol and the WRC House Group or Individual Staff Planned Trip Water Safety Protocol during new employee orientation and annually thereafter.

Responsible: Superintendent

Date completed: April 20, 2018 and on-going

Tag W-189 – Staff Training Program - 483.430(e)(1): The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

Individual Response

WRC fully reviewed this self-reported incident.

On March 16, 2018, all swimming activities at WRC were immediately stopped, pending training.

On March 20, 2018, at 8:35AM the Interdisciplinary Team for Client 1 determined it would be necessary for Client 1 to have 1:1 supervision, within 2 arms' length when swimming in the future. Client 1's Individual Support Plan was revised on March 20, 2018.

By March 23, 2018, staff, who are regularly assigned to work with, Client 1, were retrained on his/her Individual Support Plan.

By March 23, 2018, Client 1's Individual Support Plan Information sheet was also revised and retrained to staff regularly assigned to work with Client 1.

On March 20, 2018, Administrative staff trained the Activities Specialist Supervisor, Treatment Program Administrators, all available Activities (Leisure) Specialists, Activity Aides, Treatment Program Managers and AM Resident Treatment Supervisors on the Swim Trip Expectations below. The one staff currently not on duty will be trained on their next work shift and prior to assisting on any swim trip.

Between March 20, 2018 and March 29, 2018, 99% of all available Resident Treatment Supervisors, Psychology Assistants and Resident Treatment Workers have been trained on the Swim Trip Expectations below and those not currently on duty will be trained on their next work shift and prior to assisting on any swim trip.

Therapy Pool Swim Trip Expectations:

- The Activities Specialist Supervisor will assign a designated Leisure Specialist in charge for each swim trip to ensure overall coordination of the trip.
- Final approval of swim trip attendees (both individuals and staff) must be approved by either, the Activities Specialist Supervisor, Treatment Program Administrator or Assistant Superintendent.
- Staff providing supervision and support to individuals shall be in swimwear and enter the pool with the individuals.
- No more than a 1:2 staff to individual ratio for the swim trip. This may go to a 3:1 staff to individual ratio for short periods of time if necessary to get out of the pool to assist with toileting, behavioral situations, etc.
- No one goes into the water until all staff and individuals are ready to swim and accountability has been clearly determined and verbalized.
- While accountability sheets cannot be on your person in the pool, at the very least they need to be secured in the locker room.
- RTSs and/or TPMs will work with leisure specialists to finalize who goes on swim trips. Any last minute changes in individual attendance must be approved by supervisory staff.
- If there are questions about an individual's medical condition related to swimming, the RTS and/or TPM will work with medical staff to make a determination of appropriateness.

On March 20, 2018, all available Activities (Leisure) Specialists and Activity Aides were trained on the Leisure Activities Accountability Checklist.

On March 22, 2018, Activities (Leisure) Specialists A and H, and Activity Aide C were retrained on the WRC Accountability Procedure.

On March 23, 2018, Resident Treatment Worker E was retrained on the WRC Accountability Procedure.

On March 26, 2018, discipline was completed for Activities (Leisure) Specialist H for failure to follow the WRC Accountability Procedure.

On March 26, 2018, discipline was completed for RTW E for failure to follow the WRC Accountability Procedure.

On March 29, 2018, discipline was completed for Activities (Leisure) Specialist A for failure to supervise Client 1 and failure to follow the WRC Accountability Procedure.

On March 29, 2018, discipline was completed for Activity Aide C for failure to supervise Client 1 and failure to follow the WRC Accountability Procedure.

By May 7, 2018, all available staff that regularly have contact with individuals, including Activities Specialist A and Activity Aid C, will be trained on the WRC developed Leisure Department Planned Trip Water Safety Protocol.

By May 7, 2018, all available staff that regularly have contact with individuals, including Activities Specialist A and Activity Aid C, will be trained on the WRC developed Leisure Department Planned Trip Water Safety Protocol.

Responsible: Superintendent

Date due: May 7, 2018 and on-going

Systemic response

By April 11, 2018, WRC had reviewed, revised and trained all available staff who have regular contact with individuals on the revised WRC Accountability Procedure

WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

WRC management team will continue to develop, monitor, and revise, as necessary, policies and operating directions which ensure the necessary staffing, training resources, equipment and environment to keep individuals safe.

New employees that work directly with clients receive training on the Accountability Procedure during new employee orientation and annually thereafter.

New employees that work directly with individuals will receive training on the WRC Leisure Department Planned Trip Water Safety Protocol and the WRC House Group or Individual Staff Planned Trip Water Safety Protocol during new employee orientation and annually thereafter.

Responsible: Superintendent

Date completed: April 20, 2018 and on-going

