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

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) E		(X3) DATE SURVEY COMPLETED		
		16G017	B. WING_		C 04/19/2018
NAME OF P	ROVIDER OR SUPPLIER E HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	1 04/13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 000	INITIAL COMMENTS		W	000	
W 122	and resulted in deficie W153, W154, W155, a Investigations also resideficiency written at W On 4/13/18 at approxil Immediate Jeopardy (on the facility's failure potential abuse, by fai investigate, and preveabuse. The facility dethe IJ, which included identification of abuse of safeguards, and inverported and complete investigations. CLIENT PROTECTION CFR(s): 483.420 The facility must ensure protections requirement facility failed to comply Participation: Client Profailed to: a) consistent environment free from immediately report alles investigate potential at prevent further abuse allegation of abuse. To clients residing at Course of the complete investigate potential at prevent further abuse allegation of abuse. To clients residing at Course of the complete investigate potential at prevent further abuse allegation of abuse. To clients residing at Course of the complete investigate potential at prevent further abuse allegation of abuse. To clients residing at Course of the complete investigate potential at prevent further abuse allegation of abuse. To clients residing at Course of the complete investigate potential at prevent further abuse allegation of abuse. To clients residing at Course of the complete investigate potential at prevent further abuse allegation of abuse.	ancted on 3/7/18 to 4/19/18 ancies written at W127, and W249. The sulted in a condition level v122. In ately 10:35 a.m., IJ) was determined based to ensure client safety from ling to report, thoroughly ant reoccurrence of potential veloped a plan to remove training regarding are reporting, implementation restigation. The facility also and identified potential abuse NS The that specific client ants are met. The facility and record reviews, the and record	W 1	See attact POC 5/15/18	(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: 04/30/2018 FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		16G017	B. WING		C 04/19/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
W 122	Continued From pag	e 1	W 12:	2	
	record reviews, the fidentify abuse. As a take adequate and a ensure the safety of identification of abus abuse, and impleme ensure the safety of facility. Cross-reference W1 record review, the faimmediately reported according to facility and Dependent Adult Cross-reference W1 record review, the fathorough investigation Cross-reference W1 record reviews the fappropriate measure investigating an allegiack of thoroughness the facility failed to k On 4/13/18 at approint Investigate Jeopardy on the facility's failur potential abuse, by investigate, and presabuse. The facility of the IJ, which include identification of abus of safeguards, and in the safety of the safeguards, and in the safety of safeguards, and in the safety of the safeguards.	e, investigation of alleged nation of safeguards to all clients residing in the 53: Based on interview and cility failed to ensure staff dallegations of potential policy and procedures (Child tabuse Policy). See W153. 54: Based on interviews and cility failed to conduct ons into alleged abuse. 55: Based on interviews and acility failed to take es prevent further abuse while gation of abuse. Due to the sin the investigative process, eeep clients safe. ximately 10:35 a.m., (IJ) was determined based to ensure client safety from failing to report, thoroughly went reoccurrence of potential developed a plan to remove			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED C		
		16G017	B. WNG				U 19/2018	
NAME OF P	ROVIDER OR SUPPLIER E HOMES		•	5945	ET ADDRESS, CITY, STATE, ZIP CODE MORNINGSIDE AVENUE IX CITY, IA 51106	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 127	Therefore, the facility not subjected to phys psychological abuse of the subjected to phys psychological abuse of the subjected to phys psychological abuse of the subject	are the rights of all clients. In the rights of all clients are ical, verbal, sexual or or punishment. In the tas evidenced by: In and record reviews, the ately identify abuse. As a d to take adequate and a to ensure the safety of tification of abuse, d abuse, and eguards to ensure the siding in the facility. This is clients residing at Courage ow: If W155 for additional If alled Residential Living mployee chronology. An Coordinator (PC) dated (RLAA) told me earlier this (Client #7's) hands, (he/she) if her to define slapping ay, not hard, she then old her (at) no time may we anyone. I explained that it I (and) the person may think is dishe understood."	W	127		,		
	THOR MICHOROGOU	o.z.ii io at o.oo piini, i turii t	1					

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CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

	F CORRECTION	IDENTIFICATION NUMBER:	1''	G	COMPLETED
					С
		16G017	B. WING _		04/19/2018
NAME OF P	ROVIDER OR SUPPLIER E HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION
W 127	Client #2 had a sore of assisted with his/her of turned towards her are on Client #2's right for RLA A's hand and as hit Client #2 on the hashe did not intend to hold Client #2, she stated, #2 replied, "Don't do the/she was right and stated she distracted nurse to apply the new RLA A, she continually was OK and he/she roward A stated Client #2 did could not remember where was a nurse. When interviewed on reported on 1/24/18, It the nurse with Client are rolled on his/her left set. RLA A. RLA A told RI because he/she tried or hear RLA A swat at RLA A was close to C was at his/her hips. If document the behavior According to RLA B, In next day about swatti RLA A also told the P Alternative) trainers a explained when Client they block him/her. Fincident, but stated she witnessed it. RLA she witnessed it. RLA also told the RI incident, but stated she witnessed it. RLA she	with Client #2. She stated on his/her buttocks and she dressing change. Client #2 and RLA A's right hand rested rearm. Client #2 tried to bite a "knee jerk reaction," she and. According to RLAA, nurt him/her. As RLAA hit "no, don't do that." Client hat." RLAA told Client #2 she was sorry. RLAA Client #2 enough for the w dressing. According to y asked Client #2 if he/she eplied he/she was fine. RLA not have any injuries. RLAA who else was in the room, and another staff. 3/20/18 at 9:45 a.m., RLAB RLAB and RLAA assisted #2's treatment. Client #2 ide and he/she tried to bite. A B she swatted Client #2 to bite. RLA B did not see to Client #2. RLAB stated lient #2's head and RLAB RLAB informed RLAA to	W 12	27	

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A BUILDING		(X3) DATE SURVEY COMPLETED C				
		16G017	B. WING				19/2018
	ROVIDER OR SUPPLIER	-		5945	EET ADDRESS, CITY, STATE, ZIP CODE S MORNINGSIDE AVENUE UX CITY, IA 51106		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	Continued From pag	ge 4	w	127			
	PC reported RLAAI The PC could not re 2/6/18, she talked to According to the PC skin. RLAA stated i Client #7's hand helder PC did not think RLAThe PC reported RL playfully slapped Client bite her. The PC scheduled dressing coccyx. Client #2, a with the dressing choinched. The PC st. #2. Talking or thinki redirect Client #2. VRLAB did not know According to the PC slap Client #2, she was unsure if RLAB reports administered Client slapped him/her, no interviewing the nurs demonstrated how so Client #2's arm. In the A's action was not a handled it appropria or talk to Client #2 apotential abuse incident when she asked Client 2. Record review	n 3/20/18 at 10:20 a.m., the had problems with redirection. The member the date, but prior to RLA A about swatting clients. Client #7 picked at his/her of she swatted or smacked she might stop picking. The A a smacked Client #7's hand. A A informed the PC how she ent #2 because he/she tried stated Client #2 had regularly changes on a sore on his/her times, was not cooperative ranges; he/she grabbed and ated humor helped with Client and about other things helped when interviewed by the PC, RLA A slapped Client #2. If RLA B witnessed RLA A would report it. The PC was ported RLA A's admission to The PC could not recall who #2's treatment the day RLA A of did she remember see. The PC stated RLA A he brushed her hand against the PC's opinion, she felt RLA busive and she felt she tely. The PC did not interview bout the incident until after a dent occurred with Client #1, ent #2 if anyone hit him/her. Wealed Client #1's Injury, indicated, "(Licensed N) A) was walking into the eheard (Resident Living smack (Client #1's) hand.					

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

PRINTED: 04/30/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

C

B. WING

D4/19/2018

NAME OF PROVIDER OR SUPPLIER

COURAGE HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE

5945 MORNINGSIDE AVENUE

COURAG	E HOMES .		SIOUX CITY, IA 51106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ÉTION	
W 127	Continued From page 5 When asked what that noise was and what (happened), she admitted she smacked (Client #1's) hand. (LPN A) stated she didn't see what hand she smacked."	W 12	127		
	When interviewed on 3/20/18 at 8:50 a.m., LPN A reported on 2/6/18 at approximately 6:30 a.m. to 7:00 a.m., she walked from the medication room to use the restroom. As she approached the dining room and living room area, she heard a smack or slap noise. LPN A remembered Client #1 and RLA A were the only two in the living room at that time. LPN A asked RLAA what the noise was. RLAA stated she slapped him/her because he/she kept taking off his/her oxygen. LPN A told RLAA, she could not do that. RLAA did not respond. LPN A reported the incident to First Shift Supervisor. LPN A took Client #1 into the dining room for either his/her feeding or a breathing treatment. She completed a skin assessment for injuries. LPN A found a scratch on the back of his/her hand, but no red area. LPN A described the scratch as possibly a day old and almost sealed. The scratch was not bleeding.				
	When interviewed on 3/21/18 at 3:00 p.m., RLAA reported on 2/6/18 she stood in the living room and watched clients. She stated she turned to document on where clients were and what they were doing. RLAA remembered a couple clients in the living room, but she could not remember who they were. She stated the client's accountability sheets would contain that information. RLAA stood less than an arm's length away from Client #1. He/she faced the opposite direction as her, but she could see him/her out of the corner of her eye. Client #1 reached for his/her tubing with the backside of				

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OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		16G017	B. WING_		C 04/19/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
W 127	RLAA, she moved he redirect Client #1's ha hit the back of his/her clap sound. She did is She stated her right his/her right hand. LF was and RLAA respo LPN A stated she wis The PC sent her hom Record review reveal dependent adult abus indicated, "Mid-Step Seffort to ensure the sa employees If an em Services witnesses ar or reasonably believe abuse, the employee immediate steps to er abuse is stopped, the administrator, superviand the appropriate re	nis/her face. According to be hand over to block and and down. RLAA stated she hand just right to make a not mean to hit him/her. and made contact with PNA asked what the noise nded she swatted Client #1. The shed she did not say that. The shed she did not say that. The policy dated 7/16/15, Services will make every after of the consumers and apployee of Mid-Step in incident, has a suspicion, as a consumer has suffered is required to take ansure that the suspected in report directly to the sor, on-duty administrator, egulatory agency in Services or Department	W1	27	
W 153	Administrator acknow address potential abureoccurrence. STAFF TREATMENT CFR(s): 483.420(d)(2) The facility must ensumistreatment, neglectinjuries of unknown simmediately to the address potential address and the statement of the) are that all allegations of tor abuse, as well as	W 1	53	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		16G017	B. WING	············		C 04/19/2018	
NAME OF P	ROVIDER OR SUPPLIER E HOMES		•	STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 153	Continued From page established procedure		W 15	53			
	Based on interview a failed to ensure staff i allegations of abuse to Inspections and Appe 6 sample clients (Clie reviewed during invest#75128-M and #7408 Refer to W127, W154 information.	o the Department of als (DIA). This affected 2 of nt #2 and Client #3) tigations #74216-M, B-A. Findings follow: , and W155 for additional					
	Assistant (RLA) A's et entry by the Program 2/2/18 indicated, "(RL week that if you slap (stops picking. I asked (and) she said just pla swatted me softly. I to "playfully swat or hit"	old her (at) no time may we anyone. I explained that it (and) the person may think					
	when interviewed on reported an incident we Client #2 had a sore of assisted with his/her of turned towards her arron Client #2's right for RLA A's hand and as hit Client #2 on the had	ew revealed no facility located. 3/21/18 at 3:00 p.m., RLAA with Client #2. She stated on his/her buttocks and she dressing change. Client #2 at RLAA's right hand rested rearm. Client #2 tried to bite a "knee jerk reaction," she and. According to RLAA, nurt him/her. As RLAA hit					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		16G017	B. WING		Ì	C 04/19/2018	
	ROVIDER OR SUPPLIER E HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	:	04/13/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COP X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 153	Client #2, she stated #2 replied, "Don't do he/she was right and stated she distracted nurse to apply the net RLAA, she continual was OK and he/she A stated Client #2 did could not remember but there was a nurs. When interviewed or Shift Supervisor A reinformed her about a RLAA stated she swith he/she tried to bite him was unaware of the could not reported on 1/24/18, the nurse with Client rolled on his/her left: RLAA. RLAA told R because he/she tried or hear RLAA swat a RLAA was close to C was at his/her hips. document the behav According to RLAB, next day about swatt RLAA also told the F Alternative) trainers a explained when Cliet they block him/her. incident, but stated she witnessed it. RL	, "no, don't do that." Client that." RLAA told Client #2 I she was sorry. RLAA I Client #2 enough for the ew dressing. According to IIIy asked Client #2 if he/she replied he/she was fine. RLA I not have any injuries. RLAA who else was in the room, e and another staff. 13/19/18 at 9:30 p.m., First ported on 2/6/18, the PC in incident with Client #2. atted Client #2's hand after er. First Shift Supervisor A date of the incident. 13/20/18 at 9:45 a.m., RLAB RLAB and RLAA assisted #2's treatment. Client #2 iside and he/she tried to bite ILAB she swatted Client #2 I to bite. RLAB did not see at Client #2. RLAB stated Client #2's head and RLAB RLAB informed RLAA to	W	153			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(x2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		16G017	B. WING_			C 04/19/2018	
NAME OF P	ROVIDER OR SUPPLIER E HOMES	•		STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 153	PC reported RLAA I The PC could not re 2/6/18, she talked to According to the PC skin. RLAA stated ii Client #7's hand he/s PC did not think RLA The PC reported RL playfully slapped Cliet to bite her. The PC scheduled dressing coccyx. Client #2, a with the dressing chapinched. The PC state #2. Talking or thinking redirect Client #2. WRLAB did not know According to the PC slap Client #2, she was unsure if RLAB reposlapping Client #2. administered Client slapped him/her, nor interviewing the nursedemonstrated how so Client #2's arm. In the A's action was not all handled it appropriate or talk to Client #2 all potential abuse incide when she asked Client #2. Record review on injury report dated 1. "(Client #3) was craw (RLAC) grabbed (hi and pulled (him/her)	n 3/20/18 at 10:20 a.m., the had problems with redirection. member the date, but prior to RLA A about swatting clients. Client #7 picked at his/her is she swatted or smacked she might stop picking. The A smacked Client #7's hand. A A informed the PC how she ent #2 because he/she tried stated Client #2 had regularly changes on a sore on his/her at times, was not cooperative enges; he/she grabbed and ated humor helped with Client hig about other things helped with enterviewed by the PC, RLA A slapped Client #2. If RLA B witnessed RLA A would report it. The PC was orted RLA A's admission to The PC could not recall who #2's treatment the day RLA A	W 1	53			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED					
		16G017	B. WING			ł	C /19/2018
NAME OF P	ROVIDER OR SUPPLIER HOMES	•		5945 [ET ADDRESS, CITY, STATE, ZIP CODE MORNINGSIDE AVENUE X CITY, IA 51106		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	«	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
W 153	physical assessmen area to (right) poster review indicated, "in Upon investigation exercised poor judge proper PIA." Follow-back through PIA an Staff will receive a di- When interviewed or Qualified Intellectual (QIDP) A reported R 2/14/18. RLA C new the training. In QIDF assumed Client #3 w client and felt he neestated she never tho malice. She concludant of aggression. Record review revea dependent adult aburpolicy indicated, "All report any apparent consumers. Reports after they occurred of aware of the incident abuse must be made supervisor/administrappropriate regulato.	es, and ankles. 24-hour to follow-up indicated, "Red ior shoulder." Administrative vestigation started on 1/31/18 it was determined that staff ement and did not execute to included, "Staff will go do will be versed on BSP. sciplinary." 13/20/18 at 3:28 p.m., Disabilities Professional LA C retook PIA training on the reame back to work after PA's opinion, RLA C was going to harm another added to stop him/her. QIDP A uight RLA C did things out of led the incident was not an led facility child and se policy dated 7/16/15. The employees are required to abuse or mishandling of a reto be made immediately in the staff member became to the staff member became to be made immediately in the staff member became to be made immediately in the staff member became to be made immediately and to the my department." 13/22/18 at 11:00 a.m., the wiedged the facility failed to be involving Client #2 and	W				
VV 154	CFR(s): 483.420(d)(VV	104			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

	IDENTIFICATION NUMBER:	A. BUILDING	<u></u>	COMPLETED
	166047	B MING		С
ROVIDER OR SUPPLIER E HOMES	100017		5945 MORNINGSIDE AVENUE	04/19/2018
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLÉTION
		W 154	1	
This STANDARD is not be a seed on interviews a facility failed to conduint operation into potential abuse at 1 of 6 sample clients (investigations #74216 #74088-A. Finding for Refer to W127, W153 information. Record review revealed a. Residential Living A employee chronology. Coordinator (PC) date told me earlier this we #7's) hands, (he/she)	hly investigated. not met as evidenced by: and record reviews, the ct thorough investigation llegations. This pertained to (Clients #2) reviewed during i-M, #75128-M and llows: , and W155 for additional ed the following: Assistant (RLA) A's . An entry by the Program and 2/2/18 indicated, "(RLAA) bek that if you slap (Client stops picking. I asked her			
hard, she then swatteno time may we "play! explained that it can be person may think hittinunderstood." b. No facility investigate. Facility child and didated 7/16/15. The preceiving a report of a the HCBS Coordinato immediately initiate as	d me softly. I told her (at) fully swat or hit" anyone. I see misinterpreted (and) the eng is OK. She said she attion could be located. The ependent adult abuse policy olicy indicated, "Upon an alleged incident of abuse for or Administrator shall in investigation. The			
	Continued From page The facility must have violations are thoroug This STANDARD is r Based on interviews facility failed to condu into potential abuse a 1 of 6 sample clients (investigations #74216 #74088-A. Finding fo Refer to W127, W153 information. Record review revealed a. Residential Living A employee chronology Coordinator (PC) date told me earlier this we #7's) hands, (he/she) to define slapping (and hard, she then swatte no time may we "playing explained that it can be person may think hitting the person may the person may the person may think hitting the person may the person may the person may the person m	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to conduct thorough investigation into potential abuse allegations. This pertained to 1 of 6 sample clients (Clients #2) reviewed during investigations #74216-M, #75128-M and #74088-A. Finding follows: Refer to W127, W153, and W155 for additional information. Record review revealed the following: a. Residential Living Assistant (RLA) A's employee chronology. An entry by the Program Coordinator (PC) dated 2/2/18 indicated, "(RLA A) told me earlier this week that if you slap (Client #7's) hands, (he/she) stops picking. I asked her to define slapping (and) she said just play, not hard, she then swatted me softly. I told her (at) no time may we "playfully swat or hit" anyone. I explained that it can be misinterpreted (and) the person may think hitting is OK. She said she	ROVIDER OR SUPPLIER E HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to conduct thorough investigation into potential abuse allegations. This pertained to 1 of 6 sample clients (Clients #2) reviewed during investigations #74216-M, #75128-M and #74088-A. Finding follows: Refer to W127, W153, and W155 for additional information. Record review revealed the following: a. Residential Living Assistant (RLA) A's employee chronology. An entry by the Program Coordinator (PC) dated 2/2/18 indicated, "(RLA A) told me earlier this week that if you slap (Client #7's) hands, (he/she) stops picking. I asked her to define slapping (and) she said just play, not hard, she then swatted me softly. I told her (at) no time may we "playfully swat or hit" anyone. I explained that it can be misinterpreted (and) the person may think hitting is OK. She said she understood." b. No facility investigation could be located. c. Facility child and dependent adult abuse policy dated 7/16/15. The policy indicated, "Upon receiving a report of an alleged incident of abuse the HCBS Coordinator or Administrator shall immediately initiate an investigation. The Coordinator or Administrator shall immediately	ROYDER OR SUPPLIER E HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 The facility must have evidence that all alleged violations are thoroughly investigation into potential abuse allegations. This pertained to 1 of 6 sample clients (Clients #2) reviewed during investigation into potential abuse allegations. This pertained to 1 of 6 sample clients (Clients #2) reviewed during investigation information. Record review revealed the following: a. Residential Living Assistant (RLA) A's employee chronology. An entry by the Program Coordinator (PC) dated 2/2/18 indicated, "(RLAA) told me earlier this week that if you slap (Client #7's) hands, (ne/she) stops picking. I asked her to define slapping (and) she said just play, not hard, she then swatted me softly. I told her (at) no time may we "playfully swat or hit" anyone. I explained that it can be misinterpreted (and) the person may think hitting is OK. She said she understood." b. No facility investigation could be located. c. Facility child and dependent adult abuse policy dated 7/16/15. The policy indicated, "Upon receiving a report of an alleged incident of abuse the HCBS Coordinator or Administrator shall immediately initiate an investigation. The Coordinator or Administrator shall immediately initiate an investigation. The

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		16G017	B. WING_			04/19/2018	
NAME OF PROVIDER OR SUPPLIER COURAGE HOMES				STREET ADDRESS, CITY, STATE, ZIP COD 5945 MORNINGSIDE AVENUE SIOUX CITY, JA 51106		04/13/2010	
(X4) ID PREFIX TAG			ID PREFI) TAG	X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 154	investigation is come the administrator or include relocation to suspension from en includes both the in and the investigation DHS or DIA. The HICF/Administrator investigation and the have or may be take or incident report (Hinternal investigation working days, and investigation imped DHS/DIA investigation working days, and investigation imped DHS/DIA investigation intended an incident Client #2 had a some assisted with his/heturned towards her on Client #2's right RLA A's hand and a hit Client #2 on the she did not intend to Client #2, she stated #2 replied, "Don't dehe/she was right and stated she distracted nurse to apply the rRLA A, she continually was OK and he/she A stated Client #2 could not remembed but there was a nur	ation until the abuse upleted. At the discretion of designee, separation may another building/location or uployment. "Investigation" ternal agency investigation n which may be conducted by ICBS Coordinator or hall document the facts of the e administrative actions that en. An injury report (ICF/ID) ICBS) shall be filled out. The n shall be completed in five n no way will the internal e or interfere with the	W	154			

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OMB NO. 0938-0391

CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
16G017		B. WING			C 04/19/2018				
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
COURAGI	HOMES		İ		5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENT:FYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
W 154	RLA A stated she swa he/she tried to bite he was unaware of the divided on reported on 1/24/18, If the nurse with Client if rolled on his/her left si RLA A. RLA A told RL because he/she tried or hear RLA A swat at RLA A was close to Cl was at his/her hips. If document the behavior According to RLA B, Finext day about swattin RLA A also told the PL Alternative) trainers at explained when Client they block him/her. R incident, but stated she witnessed it. RLA busy days and sometitime.	incident with Client #2. Itted Client #2's hand after r. First Shift Supervisor A ate of the incident. 3/20/18 at 9:45 a.m., RLA B RLA B and RLA A assisted f2's treatment. Client #2 de and he/she tried to bite A B she swatted Client #2 to bite. RLA B did not see Client #2. RLA B stated ient #2's head and RLA B RLA B informed RLA A to or, but she did not. RLA A talked to the PC the ag Client #2. RLA B stated A (Physical Intervention bout the incident. RLA B if #2 tried to bite or aggress LA B did not report the e would report right away if a B also stated they have mes forget or run out of	W	154	4				
	PC reported RLAA has The PC could not rem 2/6/18, she talked to F According to the PC, 6 skin. RLAA stated if stated if the Client #7's hand he/st PC did not think RLA. The PC reported RLA playfully slapped Clien	3/20/18 at 10:20 a.m., the d problems with redirection. ember the date, but prior to RLA A about swatting clients. Client #7 picked at his/her she swatted or smacked he might stop picking. The A smacked Client #7's hand. A informed the PC how she at #2 because he/she tried that the client #2's hand regularly							
	scheduled dressing cl	nanges on a sore on his/her times, was not cooperative							

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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING _ С B. WING 16G017 04/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE **COURAGE HOMES** SIOUX CITY, IA 51106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 154 Continued From page 14 W 154 with the dressing changes; he/she grabbed and pinched. The PC stated humor helped with Client #2. Talking or thinking about other things helped redirect Client #2. When interviewed by the PC, RLA B did not know RLA A slapped Client #2. According to the PC, if RLAB witnessed RLAA slap Client #2, she would report it. The PC was unsure if RLA B reported RLA A's admission to slapping Client #2. The PC could not recall who administered Client #2's treatment the day RLAA slapped him/her, nor did she remember interviewing the nurse. The PC stated RLAA demonstrated how she brushed her hand against Client #2's arm. In the PC's opinion, she felt RLA A's action was not abusive and she felt she handled it appropriately. The PC did not interview or talk to Client #2 about the incident until after a potential abuse incident occurred with Client #1. when she asked Client #2 if anyone hit him/her. When interviewed on 3/22/18 at 11:00 a.m., the Administrator acknowledged the facility failed to conduct a thorough investigation into alleged abuse towards Client #2. W 155 W 155 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must prevent further potential abuse while the investigation is in progress. This STANDARD is not met as evidenced by: Based on interviews and record reviews the facility failed to prevent further abuse while investigating an allegation of abuse. Due to the lack of thorough investigations, the facility failed to keep clients safe from reoccurring abuse. This affected 1 of 6 sample clients (Client #1)

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 16G017 B. WING 04/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5945 MORNINGSIDE AVENUE COURAGE HOMES** SIOUX CITY, IA 51106 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 155 Continued From page 15 W 155 reviewed during investigations #74216-M, #75128-M, and #74088-A. Finding follows: Refer to W127, W153, and W154 for additional information. 1. Record review revealed Residential Living Assistant (RLA) A's employee chronology. An entry by the Program Coordinator (PC) dated 2/2/18 indicated, "(RLAA) told me earlier this week that if you slap (Client #7's) hands, (he/she) stops picking. I asked her to define slapping (and) she said just play, not hard, she then swatted me softly. I told her (at) no time may we "playfully swat or hit" anyone. I explained that it can be misinterpreted (and) the person may think hitting is OK. She said she understood." Additional record review revealed no facility investigation could be located. When interviewed on 3/21/18 at 3:00 p.m., RLAA reported an incident with Client #2. She stated Client #2 had a sore on his/her buttocks and she assisted with his/her dressing change. Client #2 turned towards her and RLAA's right hand rested

on Client #2's right forearm. Client #2 tried to bite RLA A's hand and as a "knee jerk reaction," she hit Client #2 on the hand. According to RLAA. she did not intend to hurt him/her. As RLAA hit Client #2, she stated, "no, don't do that." Client #2 replied, "Don't do that." RLAA told Client #2 he/she was right and she was sorry. RLAA stated she distracted Client #2 enough for the nurse to apply the new dressing. According to RLAA, she continually asked Client #2 if he/she was OK and he/she replied he/she was fine. RLA A stated Client #2 did not have any injuries. RLAA could not remember who else was in the room,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 16G017 B. WING 04/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE **COURAGE HOMES** SIOUX CITY, IA 51106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 155 Continued From page 16 W 155 but there was a nurse and another staff. When interviewed on 3/20/18 at 9:45 a.m., RLA B reported on 1/24/18. RLA B and RLA A assisted the nurse with Client #2's treatment. Client #2 rolled on his/her left side and he/she tried to bite RLAA. RLAA told RLAB she swatted Client #2 because he/she tried to bite. RLA B did not see or hear RLA A swat at Client #2. RLA B stated RLA A was close to Client #2's head and RLA B was at his/her hips. RLAB informed RLAA to document the behavior, but she did not. According to RLAB, RLAA talked to the PC the next day about swatting Client #2. RLA B stated RLA A also told the PIA (Physical Intervention Alternative) trainers about the incident. RLAB explained when Client #2 tried to bite or aggress they block him/her. RLA B did not report the incident, but stated she would report right away if she witnessed it. RLA B also stated they have busy days and sometimes forget or run out of time. When interviewed on 3/20/18 at 10:20 a.m., the PC reported RLAA had problems with redirection. The PC could not remember the date, but prior to 2/6/18, she talked to RLAA about swatting clients. According to the PC, Client #7 picked at his/her skin. RLA A stated if she swatted or smacked Client #7's hand he/she might stop picking. The PC did not think RLAA smacked Client #7's hand. The PC reported RLAA informed the PC how she

playfully slapped Client #2 because he/she tried to bite her. The PC stated Client #2 had regularly scheduled dressing changes on a sore on his/her coccyx. Client #2, at times, was not cooperative with the dressing changes; he/she grabbed and pinched. The PC stated humor helped with Client #2. Talking or thinking about other things helped

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

AND FEAR OF CORRECTION		IDENTIFICATION NOWIDER.	A. BUILDING	3	COMPLETED	
					С	
16G017			B. WNG		04/19/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				5945 MORNINGSIDE AVENUE		
COURAG	E HOMES			SIOUX CITY, IA 51106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDERSON OF THE APPROPRIES OF	JLD BE COMPLETION	
W 155	Continued From page	. 17	W 15			
VV 100			44 15	00		
		nen interviewed by the PC,				
		LA A slapped Client #2. f RLA B witnessed RLA A				
		uld report it. The PC was				
		•	İ			
	unsure if RLA B reported RLA A's admission to slapping Client #2. The PC could not recall who					
	administered Client #2's treatment the day RLAA					
	slapped him/her, nor did she remember					
	interviewing the nurse. The PC stated RLAA demonstrated how she brushed her hand against					
	Client #2's arm. In the PC's opinion, she felt RLA					
	A's action was not abu					
		ly. The PC did not interview				
or talk to Client #2 about the incident until after a potential abuse incident occurred with Client #1,						
	•	•				
	when she asked Chen	t #2 if anyone hit him/her.				
	2. Record review reve	aled Client #1's Injury				
	Report dated 2/6/18, in					
		A) was walking into the				
	living room when she	heard (Resident Living				
	Assistant (RLA) A) sm	ack (Client #1's) hand.	i			
	When asked what that					
		tted she smacked (Client				
		tated she didn't see what				
ļ	hand she smacked."					
	When interviewed on	3/20/18 at 8:50 a.m., LPN A				
		approximately 6:30 a.m. to				
		from the medication room				
		As she approached the				
	dining room and living	room area, she heard a				
		LPN A remembered Client				
		e only two in the living room				
		ked RLAA what the noise				
	b contract of the contract of	e slapped him/her because				
		his/her oxygen. LPN A told				
	1	do that. RLA A did not ted the incident to First				
	LESURE LENGTH	recorded as asserted to Cast	1		,	

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
16G017		16G017	B. WING			04/	19/2018
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				5	945 MORNINGSIDE AVENUE		
COURAG	E HOMES			9	SIOUX CITY, IA 51106		
OV D. ID.	STIMMADV STA	ATEMENT OF DESICIENCIES	ID ID		PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
W 155	F PROVIDER OR SUPPLIER GE HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				DEFICIENCY)		
	separation until the at completed. At the dis	cretion of the administrator					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G017	B. WING _			C 04/19/2018
NAME OF PROVIDER OR SUPPLIER COURAGE HOMES				STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106		04) 13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 155 W 249	another building/local employment." When interviewed on Administrator acknow thoroughly investigate	on may include relocation to tion or suspension from 4/19/18 at 11/15 a.m., the vledged the facility failed to e the incident on 1/24/18, perpetrator from the victim, currence of abuse. ENTATION)	W 1			
	each client must rece treatment program co interventions and ser and frequency to sup objectives identified in plan. This STANDARD is r	vices in sufficient number port the achievement of the in the individual program not met as evidenced by: ns, interviews, and record illed to ensure clients				
	affected 1 of 6 sample during investigations #74088-A. Finding for Intermittent observations a.m. to 11:35 a.m. recontinuously tried and his/her oxygen tube. keep Client #1 involves	ons on 3/21/18 from 8:57				

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	16G017	B. WING		C 04/19/2018	
NAME OF PROVIDER OR SUPPLIER COURAGE HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106			
PREFIX (EACH DEFICIENCY MU	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICIENCY)	BE COMPLETION	
W 249 Continued From page 20 his/her hands, crafts, sign about his/her day. Each his/her oxygen tube, facil back on without drawing. Redirection from the tube #1's hand down and to an hand down without engage Client #1's hand down, pl his/her hands to restrict in an open hand in front of 0 prevent him/her from touc. Observations on 3/22/18 a.m. revealed Client #1 csucceeded in removing heach time Client #1 remotube, facility staff placed offering another activity. to remove his/her tubing, the amount of time it took providing interaction with room. At 9:12 a.m., Clier the tubing off after staff reafter two minutes, facility From 9:14 a.m. to 9:33 a. to take his/her oxygen tull staff replaced it. At 9:33 asked for a break and an 9:34 a.m. to 9:45 a.m., Ssat with Client #1. Client Supervisor A's hand, he skept Client #1's hands bubells. When Client #1 motowards the tube, Second gently took Client #1's had activity. Record review revealed 0 Program Plan dated 3/9/	n language, and talking time Client #1 removed lity staff placed the tube attention to it. e included moving Client in activity, moving his/her ging in activity, holding lacing their arm over movement, and holding Client #1's face to ching the tube. from 9:02 a.m. to 9:12 continuously tried and his/her oxygen tube. byed his/her oxygen tube. byed his/her oxygen tube date it continued facility staff lengthened it to replace the tube by the other clients in the hit #1 immediately took eplaced it. At 9:14 a.m., is staff replaced the tube. m., Client #1 continued be off immediately after a.m., Client #1's staff tother staff took over. At the cond Shift Supervisor A is #1 held Second Shift sang to Client #1, and he asy with his/her turtle and oved his/her hand d Shift Supervisor A and and moved it to an	W 24			

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ B. WING 16G017 04/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5945 MORNINGSIDE AVENUE COURAGE HOMES** SIOUX CITY, IA 51106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 249 | Continued From page 21 W 249 should have (his/her) tray on (his/her) wheelchair at all times and a sensory item available for (him/her) to manipulate. (He/she) should be included in an activity at every opportunity. (He/she) enjoys playing ball, singing, dancing, conversation, silliness. (Client #1) will be involved in as many activities as possible ..." "(Client #1) may yell for attention. Staff will not directly tell (Client #1) to stop yelling but will attempt to interest (him/her) in the activity/task (he/she) is to be involved in ..." " ... If at home, the quiet area will be (his/her) bedroom with the TV or radio playing quietly, door open, and staff remaining with (him/her) for 3 minutes. Staff will not interact with (him/her) other than to redirect (him/her) from removing (his/her) oxygen. They will use physical prompts and blocking. They will not use any verbal prompts. After 3 minutes, he will return to the activity/task ..." "(Client #1) uses oxygen at all times. Staff will ensure that the oxygen is on (him/her) at all times. If (he/she) removes it from (his/her) face either partially or completely, staff will chart on the accountability card. They will replace the (cannula) or mask. If (Client #1) chews on the tubing or the mask, staff will also document that there was a PICA occurrence on the accountability card. They will seek assistance for the nursing staff to replace the damaged item." When interviewed on 3/22/18 at 11:00 a.m., the Administrator acknowledged the facility failed to follow Client #1's program by properly blocking

tube.

and redirecting Client #1 from his/her oxygen

15/30/18 OK 5/29/18

May 10, 2018

Courage Homes

5945 Morningside Ave

Sioux City, IA 51106

Provider Number 16G017

Please accept this Plan of Correction:

Upon receipt of citation, all employees of Courage Homes had been re-trained on the Mandatory Reporting and Child/ Dependent Adult Abuse definitions and policies. Reporting instructions have been reviewed and posted in 2 areas of each house and at the facility's time clock. The following items have also been added to ensure compliance:

W-122 Mid-Step Services continues to have a Child and Dependent Adult Abuse Policy that is taught in initial training at our Main Office upon the start of employment and every 5 years thereafter. Mid-Step Services also trains new staff on the requirements of Mandatory Reporting. Courage Homes will also review/re-train these policies again with all new staff in their house orientation packets and at staff meetings at least quarterly. Mid Step Services has also developed a Member Rights Notification form that will be reviewed with each member at their annual IPP to ensure that individual rights are communicated to them.

Responsible: All Administrative Staff

Frequency: On-going

Target: April 30, 2018 (Upon receipt)

Mid-Step Services is also developing an ICF/ID reporting and investigation protocol for our manual to continue to ensure proper separation, investigation & reporting.

Responsible: All Administrative Staff

Frequency: On-going

Target: May 15, 2018

W-127 Mid-Step Services continues to have a Child and Dependent Adult Abuse Policy that is taught in initial training at our Main Office upon the start of employment and every 5 years thereafter. Mid-Step Services also trains new staff on the requirements of Mandatory Reporting. Courage Homes will also review/re-train these policies again, including the appropriate avenues of reporting allegations with all new staff in their house orientation packets and at staff meetings at least quarterly. Mid Step Services has also developed a Member Rights Notification form that will be reviewed with each member at their annual IPP to ensure that individual rights are communicated to them.

Responsible: All Administrative Staff

Frequency: On-going

Target: April 30, 2018 (Upon receipt)

Mid-Step Services is also developing an ICF/ID reporting and investigation protocol for our manual to continue to ensure proper separation, investigation & reporting.

Responsible: All Administrative staff

Frequency: On-going

Target: May 15, 2018

W-153 Mid-Step Services will continue to teach the Mandatory Reporting requirements and our Child and Dependent Adult Abuse Policy in new staff initial orientation, in the house orientation packet and at least quarterly in staff meetings. Mid Step Services also will follow the Policy of Injury Reports of unknown origins to notify administrative staff and begin an investigation. Brightly colored signs are posted at Courage Home's time clock, at each nurse's station and each break room to notify all staff of an administrative staff to make the report of allegations to. There is also a checklist created for the Administrative Staff conducting the investigation to help ensure proper procedure is followed for separation, interview and notifications.

Responsible: All Administrative Staff

Frequency: On-going

Target: April 30, 2018 (Upon receipt)

Mid-Step Services is also developing an ICF/ID reporting and investigation protocol to continue to ensure all allegations of mistreatment, neglect or abuse are reported and investigated.

Responsible: All Administrative Staff

Frequency: On-going

Target: May 15, 2018

W-154 Mid Step Services will follow the Policy of Injury Reports of unknown origins to notify administrative staff and begin an investigation. Brightly colored signs are posted at Courage Homes' time clock, at each nurse's station and each break room to notify all staff of an administrative staff to make the report of allegations to. There is also a checklist created for the Administrative Staff conducting the investigation to help ensure proper procedure is followed for separation, interview and notifications.

Responsible: All Administrative Staff

Frequency: On-going

Target: April 30, 2018 (Upon receipt)

Mid-Step Services is developing an ICF/ID reporting and investigation protocol to continue to ensure all allegations of mistreatment, neglect or abuse are reported and investigated.

Responsible: All Administrative Staff

Frequency: On-going

Target: May 15, 2018

W-155 All staff have been re-trained on the definitions of Child and Dependent Adult Abuse and the requirements of Mandatory Reporting. There is a checklist created for the Administrative Staff conducting the investigation to help ensure proper procedure is followed for separation, interview and notifications.

Responsible: All Administrative Staff

Frequency: On-going

Target: April 30, 2018 (Upon receipt)

Mid-Step Services is developing an ICF/ID reporting and investigation protocol to continue to ensure all allegations of mistreatment, neglect or abuse are reported and investigated.

Responsible: All Administrative Staff

Frequency: On-going

Target: May 15, 2018

W-249 Active Treatment Observations and Program Compliance Observations will be completed weekly by the QIDP/PC of the house and turned in to the Administrator. Corrections or training will take place if needed at the time of the observations to ensure individual plans are followed.

Responsible: Administrator and QIDP/PC of the house

Frequency: On-going

Target: 4/30/18 (Upon receipt)

Traci Llanos, Administrator

5/10/18