

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

PRINTED: 10/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/13/2018
NAME OF PROVIDER OR SUPPLIER BEHAVIORAL TECHNOLOGIES-DELTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WILLIAMS STREET DES MOINES, IA 50317		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000			
W 153	<p>During investigations #78057 and #77871 a deficiency was cited at W153.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure allegations of abuse and mistreatment were reported immediately in accordance with facility policy and State law. This affected 1 of 1 client (Client #1) during investigations #78057 and #77871. Finding follows:</p> <p>Record review on 9/10/18 revealed a summary of a 7/29/18 incident, written by the ICF/ID Director. According to the summary, around 3:00 p.m. on 7/30/18 Developmental Staff (DS) A reported she witnessed DS B hit Client #1 on the left side of his head with a cookie sheet at approximately 2:15 p.m. on 7/29/18.</p> <p>An Incident Report, written by DS A dated 7/30/18, noted she saw DS B hit Client #1 on his head with a cookie sheet. The Report noted 7/29/18 as the date of the incident.</p> <p>When interviewed on 9/10/18 at 11:30 a.m. DS A stated on Sunday (7/29/18) between 1:30 p.m.</p>	W 153	<p>see attached</p> <p>POC 10/26/18</p>		

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.

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W 153	<p>Continued From page 1</p> <p>and 2:00 p.m. , she was in the dining room and clients and staff watched TV in the living room. She said she witnessed Client #1 chase DS B to the kitchen, where she grabbed a pan on top of the stove, turned around and hit Client #1 on the side of the head two times. DS A said DS B hit the client on the side of his head one time, the client stopped and then DS B hit Client #1 again on the side of his head. She reported Client #1 had no bruises and he said he was OK. DS A stated she reported the incident to her supervisor the next day.</p> <p>A review of the facility's Abuse, Neglect and Exploitation Dependent Adult Abuse Policy revealed the staff member who witnessed an incident, or first to become aware of an incident, must immediately notify their group home Program Coordinator, and/or the Manager on call and/or Director of ICF/ID services.</p> <p>When interviewed on 9/12/18 at 9:30 a.m. the ICF/ID Director stated DS A did not immediately notify her, the group home Program Coordinator, and/or the Manager on call. She confirmed the facility's mandatory abuse policy indicated staff should immediately report allegations of abuse.</p>	W 153			

Plan of Correction - BT Delta Investigation #78057 and #77871

OK
10/12/18

✓ 10/15/18

W 153

All Behavioral Technologies Developmental Specialists and Program Coordinators will be retrained on the BT Adult Abuse Policy. This training will include the time frame of reporting immediately after witnessing an incident of abuse. Developmental Specialists are currently trained on the BT Adult Abuse Policy at their initial training and annually. The policy will now also be reviewed with all BT Developmental Specialist once a month.

Those that gave a late report of abuse for #78057 and #77871 will receive disciplinary action for not following BT Adult Abuse Policy.

Completion Date: 10/26/18

