	-	ID HUMAN SERVICES					APPROVED	
STATEMENT (S FOR MEDICARE & DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE	0. 0938-0391 SURVEY LETED	
		16G039	B. WING			C 09/11/2018		
	ROVIDER OR SUPPLIER A-WASHINGTON			1:	TREET ADDRESS, CITY, STATE, ZIP CODE 307 NORTH FIFTH AVENUE VASHINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS		W	000				
W 195	concerns were noted Treatment, specifially appropriate level of in monitoring for a client (ingestion of non-edit determination of Imm facilty was notifed of t p.m. The facility subr a revised behavior pro- information related to checks of the client's retrained regarding the Following an on-site v implementation of the at 11:45 a.m. on 9/10. A Condition Level defici- W249 and W257. ACTIVE TREATMENT CFR(s): 483.440 The facility must ensu- treatment services real This CONDITION is Based on observatio review the facility faile with the Condition of Treatment. Client #1 and severity of incide non-edibles) and unsu-	regarding providing an itervention, supervision and a with a known history of pica oles). This resulted in a ediate Jeopardy (IJ). The the IJ on 9/06/18 at 3:20 mitted a plan which included ogram with more specific environmental checks and clothing. Staff were re revised program. visit to confirmed the plan, the IJ was removed /18. iciency was cited at W195. encies were cited at W196, T SERVICES ure that specific active quirements are met.	W	195				

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

TITLE

(X6) DATE

PRINTED: 10/05/2018

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
CENTERS FOR MEDICARE & ME STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		16G039	B. WING				_ 11/2018	
NAME OF PI	ROVIDER OR SUPPLIER		•	\$	STREET ADDRESS, CITY, STATE, ZIP CODE			
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353			
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 195	 #1's health and well-b take steps to address which was a health an #1. Cross Reference W19 interviews and record provide and implement for a client with a know 	being. The facility failed to the increased behavior, and safety concern for Client 96: Based on observations, review,the facility failed to aggressive programming wn history of pica (ingestion	w	195	5			
	The client's behavior potential severity, but not modified to addres Cross Reference W24 interviews and record ensure staff consister support program (BSI consumption of unsaf who had a known hist and unsafe food items	e food items for Client #1 tory of ingesting non-edibles s. The facility failed to ns that were sufficient to						
W 196	record review, the fac behavior program who increased in frequence ACTIVE TREATMENT CFR(s): 483.440(a)(1 Each client must rece treatment program, w consistent implement specialized and gene services and related subpart, that is directed	en a client's behaviors by and potential severity. T) ive a continuous active hich includes aggressive, tation of a program of ric training, treatment, health services described in this	w	196	5			

Facility ID: IAG0102

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391		
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
		16G039	B. WING				C / 11/2018		
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
W 196	 (ii) The prevention o or loss of current opti This STANDARD is r Based on observatio 	with as much self lependence as possible; and r deceleration of regression	w	196	6				
	aggressive programm history of pica (ingest ingestion of unsafe fo behavior increased in severity, but the beha modified to address t	ning for a client with a known ion of inedibles) and iod items. The client's frequency and potential avior program was not he increased incidence. This nvolved in the investigation							
	report regarding an in 8/30/18. According to coughed/vomited up a medical appointment revealed two foreign abdomen, which appo Client #1 was hospita aspiration pneumonia were reportedly not in two paperclips and be naturally. However, t removed via colonose pneumonia resolved. the facility on the after	a domino. During a follow-up the next day, an x-ray bodies in Client #1's eared to be a paperclips. lized on 8/31/18 for a. The treating physicians nitially concerned about the elieved they would pass he two paperclips were copy on 9/04/18. Client #1's He was discharged back to rnoon of 9/05/18.							
	mood disorder, impul	severe intellectual disability, se control disorder, ectomy with colostomy,							

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	-	D HUMAN SERVICES					FORM): 10/05/2018 1 APPROVED
STATEMENT (S FOR MEDICARE & I	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION		(X3) DATE COMP	LETED
		16G039	B. WING				(09/	C 11/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STAT	E, ZIP CODE		
				1:	307 NORTH FIFTH AVENUE			
REM IOW	A-WASHINGTON			W	ASHINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRECTI CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
W 196	gastroesophogeal refl dysphagia and astigm bilaterally. Client #1 h was generally able to understood by people was seriously ill and h 3/06/18. While hospit pacemaker, a colosto nutrition, hydration an was in a weakened st recovered slowly. Pri Client #1 was ambula the hospital, Client #1 for mobility. He could assistance. Client #1 from 5/04/18 to 5/18/1 the intestine/bowel to waste out of the body diagnosed with pneur received antibiotics for been allowed to have food items for pleasur liquids must be thicke and are also allowed Client #'s Plan of Care on 4/10/18, discussed lengthy hospitalization had a BSP (behavior behavior. The team an program, which inclue Client #1 during wakin discussed the possibi helmet with a face shi from ingesting edible said she would look in findings. The team also	ux disease (GERD), natism with myopia ad some verbal skills and make his wants and needs who knew him. Client #1 nospitalized from 2/03/18 to alized, Client #1 received a my and a g-tube for d medications. Client #1 ate upon discharge and or to the hospitalization tory. After discharge from primarily used a wheelchair ambulate with staff was hospitalized again 8 for an ileus (inability of contract normally and move). Client #1 was also nonia on 6/14/18 and r two weeks. Client #1 had a limited amount of pureed e feedings since May. Oral ned to a honey consistency in a limited amount. e (POC) team meeting held I his status following his n. The POC noted Client #1 support plan) to reduce pica agreed to continue the pica led five minute checks of ng hours. The team lity of implementing a eld to prevent Client #1 items. The Nursing Director nto this and pass along her so agreed to continue Client the incidence of food		196				

Facility ID: IAG0102

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 10/05/2018 MAPPROVED). 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION			LETED
		16G039	B. WING					C 11/2018
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
REM IOWA	A-WASHINGTON			13	307 NORTH FIFTH AVENUE			
				W	VASHINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE		(X5) COMPLETION DATE
W 196	Continued From page (nothing by mouth). Client #1 had a BSP i incident on 8/30/18 to According to the prog obsessed about food the floor. The program kitchen and dining roc dropped to the floor. tube he could safely of interventions included supplies, supply close staff were not present Client #1 every five m and every 30 minutes According to the prog environmental/room s enters into an environ bedroom for private ti the night. When staff environmental room s check the area to see items present that (Cl PICA. Staff will remove environment to ensure will be thorough in the items (bed, chairs, fur	e 4 n place at the time of the reduce incidents of pica. ram, Client #1 sometimes items and inedible items on n directed staff to sweep the om area when things Client #1 also had a chewy shew on. Program I locked kitchen, hygiene et and shower room when a. Staff were to check on inutes during waking hours on the overnight shift. ram, "Staff will perform weeps when (Client #1) ment and/or goes into his mes and/or to go to bed for is performing an weep, staff will visually if there are any possible ient #1) could potentially re these items from the e (Client #1's) safety. Staff ese sweeps and look under niture), on table tops, floors,		196				
	mattress box/spring, e	t #1's) closet, in between his etc. Staff will also check						
	(Client #1's) pockets I							
	environmental sweep placed items in his po	to ensure he had not ckets that he could attempt						
		e directed to remove items						
	from Client #1 that he	was attempting to ingest.						
	of food stealing, last u program indicated sta	BSP to reduce the incidence updated 4/15/18. The ff should attempt to engage d activity during meal and						

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		16G039	B. WING				C 11/2018
NAME OF PI	ROVIDER OR SUPPLIER		•		TREET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				307 NORTH FIFTH AVENUE VASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 196	attempted to take foo prompted not to. Stat items from Client #1. access to the kitchen. Client #1 was NPO, n anything orally. If sig occurring, such as ob food or watching peer keep Client #1 in sigh food stealing. The BS indicate that Client #1 of pureed food and ho 2018. 3. A review of behavid 8/30/18 revealed the 5 March: 3/22/18: Client #1 got put it into his mouth. 3/28/18- A coin (quart colon during a check (The coin later passed April: 4/10/18: Client #1 atte canned fruit he picked a finger sweep. No date: Client #1 gra the table and put it in sweep.	clients ate. If Client #1 d from others, he should be ff could also remove food Client #1 had restricted . According to the program, neaning he should not ingest nal behaviors were sessing over other people's 's eat/drink, staff should it to prevent an incident of P had not been updated to was allowed small amounts oney thick liquids as of May oral data from 3/16/18 to following: : : stuffing from a chair and Staff did a finger sweep. ter) was noted in Client #1's of his G-tube placement. d naturally.) : empted to ingest a piece of aff did a finger sweep. empted to ingest a piece of d up from the floor. Staff did abbed a piece of potato from his mouth. Staff did a finger abbed a peer's soda and three ounces.	W	196			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		16G039	B. WING				C 11/2018
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE
W 196	hospitalized with an il June: 6/04/18: Client #1 gra a peer's plate and put finger sweep of his m 6/07/18: Client #1 gra plate and attempted to sweep of Client #1's r 6/09/18: Client #1 gra the table and attempt finger sweep of Client food. 6/11/18: Staff saw a L emptying his ostomy 6/12/18: Staff saw a s feces while emptying 6/18/18: Client #1 gra Cheetos and ingested intervene. 6/20/18: Client #1 gra drank the milk with ce 6/21/18: Client #1 gra of water and got a dri intervene. July: 7/04/18: Staff saw a p towel in Client #1's fe ostomy bag. 7/05/18: Client #1 got his finger into a peer's 7/06/17: Staff saw a p bar wrapper and a pie Client #1's ostomy ba 7/07/18: Staff saw a p Client #1's ostomy ba	eus from 5/04/18 to 5/18/18. abbed a piece of waffle off of t it in his mouth. Staff did a outh. bbed cereal from a peer's o ingest. Staff did a finger mouth to remove the food. bbed a peer's snack from ted to ingest. Staff did a t #1's mouth to remove the bag. small bead in Client #1's his ostomy bag. bbed a staff person's bag of d some before staff could bbed a peer's bowl and ereal in it. bbed a staff person's glass nk before staff could baper towel or piece of paper ces when emptying his t into the lunch tote and slid s food and ate it. biece of granola bar, granola ece of magazine paper in g. biece of magazine paper in g.	W	196	5		

Facility ID: IAG0102

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		16G039	B. WING _				C 11/2018
NAME OF P	ROVIDER OR SUPPLIER	-		ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				307 NORTH FIFTH AVENUE IASHINGTON, IA 52353		
(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 (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 196	 7/10/18: Client #1 got and ate some. 7/10/18: Client #1 got some applesauce. 7/13/18: Client #1 atte magazine page. Staf mouth. 7/14/18. Client #1 got floor (unclear if he act 7/17/18: Staff saw a r when emptying his os 7/19/18: Client #1 gra and ate it. August: 8/03/18: Client #1 gra the staff desk and atte his mouth. Staff redire tube. 8/08/18: Another pee magazine page and c Client #1 picked it up He removed it from hi staff. 8/09/18: Client #1 got and drank some. 8/09/18: Client #1 got opened a peer's snac Client #1 got the food 8/09/18: Client #1 got opened a peer's snac Client #1 got the food 8/09/18: Client #1 gra shoved it into his mou and staff did a finger 8/27/18: Client #1 pic and move it toward hi 	into the lunch tote and ate empted to ingest a piece of a f did a finger sweep of his t some food that was on the tually ingested it). ock in Client #1's feces stomy bag. bbed a piece of paper off of empted to put the paper in ected Client #1 with a chew r ripped off a corner of a lropped it on the floor. and placed it in his mouth. is mouth when prompted by a chold of a peer's soda pop is into the lunch tote and k. Staff intervened before ested part of a piece of piece of magazine paper in e emptying his ostomy bag. bbed a peer's cupcake and uth. He spit most of it out	W	196			

Facility ID: IAG0102

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES					FORM	0: 10/05/2018 1 APPROVED 0: 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION			SURVEY LETED
		16G039	B. WING			_		_ 11/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
REM IOW/	A-WASHINGTON				307 NORTH FIFTH AVENU WASHINGTON, IA 5235			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 196	 8/30/18: Client #1 could 4. Observations at the 9/06/18 revealed the 1 small objects in sight. medication room, staf shower room were ke person was present. kept locked unless a cactivity closet was unlany small items that could any caft supplies, swithin reach. Some salocked cabinet. A staf main room had office as pens and paper. A the shelf of the desk. baggie in an unlocked they had never seen a program. They said Cattention to the staff do staff were always preshe was in the two-roo anywhere else in the locked cabinet and the shelf of the desk. baggie in an unlocked they had never seen a program. They said Cattention to the staff do staff were always preshe was in the two-roo anywhere else in the lock and they had net the shelf of the desk. baggie in an unlocked they had never seen a program. They said Cattention to the staff do staff were always preshe was in the two-roo anywhere else in the lock and the staff and returned agency van around 3: anywhere else on that used a wheelchair for maneuver independent. 	Ighed up a domino. a facility on the afternoon of home was very tidy, with no The doors to the kitchen, f offices, supply closet and pt locked unless a staff Client bedrooms were also client was in the room. An ocked, but did not contain ould be swallowed. a day program on the ernoon of 9/06/18 revealed ngton clients spent most of hing rooms. The rooms had bensory items and toys maller items were in a f desk on the end of the supplies on the desk, such A rubber band was noted on Paper clips were kept in a I drawer. Staff present said a domino at the day Client #1 did not pay esk area. Staff also said sent with Client #1, whether m day program area,		196				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 10/05/2018 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE COMPI	SURVEY LETED
		16G039	B. WING			(09/	; 11/2018
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE	, ZIP CODE		
			1	307 NORTH FIFTH AVENUE			
REM IOW	A-WASHINGTON		v l	ASHINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE ED TO THE APPROPRIA ICIENCY)		(X5) COMPLETION DATE
W 196	Continued From page	9	W 196				
	Lead Direct Support F she worked on the aff two other staff transpo- day program to the fa around 3:00 p.m. Clie normal self. The LDS bathroom shortly after she checked his pock nothing. She said she the facility. The LDSF scanning the environr Client #1 might put in not know that staff we check Client #1's poc checked his pockets a Client #1 to the bathro #1's pica had gotten r G-tube. Client #1 ofte from the floor, such a string. He would even a spot or stain on the 8. When interviewed on She gave Client #1 hi p.m. Client #1 was the amount of pureed foo wet sounding cough. maybe two minutes a a small amount of liqu said it was a black, re had never seen a dor agency van in the fou there. She said none dominos. DSP A called the incident. DSP A called	nent for anything small his mouth. She said she did ere supposed to regularly kets, but she typically and clothing when she took bom. The LDSP said Client nuch worse since he got the n tried to pick things up s lint, crumbs, paper or n reach down to try to pick at floor. on 9/06/18 at 2:00 p.m. DSP the afternoon of 8/30/18. s tube feeding around 5:00 the afternoon of 8/30/18. s tube feeding around 5:00 ten supposed to get a small d, but he began to have a Client #1 coughed for nd then coughed/vomited up aid and a domino. DSP A gular sized domino. She nino at the facility or on the r years she had worked of the other clients had d the on-call nurse about					

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	-	D HUMAN SERVICES				FORM	D: 10/05/2018 M APPROVED
STATEMENT (S FOR MEDICARE & I	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE COMP	PLETED
		16G039	B. WING				C / 11/2018
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1:	307 NORTH FIFTH AVENUE		
REMIOW	A-WASHINGTON			N	WASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 196	she know of Client #1 pneumonia. Client #1 The overnight staff als #1's temperature and night. DSP A said staff environments looking #1 might ingest. She attempt to ingest pape had not seen paper cl facility. They were ke medication room, whi were not in the rooms checked Client #1's p the shift and then occ shift, but not every tim She said Client #1 oft up from the floor to in crumbs and lint. He al others. 9. When interviewed of DSP B stated she was the first shift. She said should check a room it, but she did not kno pocket checks with Cl #1 would sometimes to waistband of his pants incidence of pica had the G-tube. He would items from the floor an people's food. DSP E domino in the facility a Client #1 show an interviewed the Registered Nurse helped with direct care	's history of aspiration I seemed fine when she left. so regularly checked Client other vital signs during the if always scanned the for small items that Client had never seen Client #1 er clips. DSP A said she lips laying around the ept in staff offices or the ch were kept locked if staff b. DSP A said she usually ockets at the beginning of asionally throughout the ne he entered another room. en tried to pick small items gest, such as bits of paper, lso tried to take food from on 9/10/18 at 10:25 a.m. s a full-time staff person on d she understood staff whenever Client #1 entered w staff were supposed to do lient #1. DSP B said Client tuck small items in the s. She said Client #1's gotten worse since he got a often try to pick up small nd he would try to take other B said she had never seen a and she had never seen		196			

Facility ID: IAG0102

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DEPARTMENT OF HEALTH AND H CENTERS FOR MEDICARE & MED						FORM): 10/05/2018 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
	16G039	B. WING _				(09/	C 11/2018
NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE,	ZIP CODE		
REM IOWA-WASHINGTON			130	7 NORTH FIFTH AVENUE			
			WA	ASHINGTON, IA 52353			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	x	(EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
 W 196 Continued From page 11 staff were supposed to ch Client #1 went from one re thought staff were suppose pockets when he returned or an outing, not routinely She had never seen a dor RN stated Client #1's pica since he got the G-tube. S through cycles with his be #1 had changes in his bef medications when he was February to March. 11. When interviewed on 9 the Washington County D (WCDC) acting Program 0 she supervised the REM N program area. Staff were day program area. If Clie else in the building, or out accompanied by staff at a said Client #1 had been p since his hospitalization in Since returning to the faci pica had increased. The a WCDC staff would clean a program room each morn Washington clients arrived as needed through out the not routinely do pocket ch The acting PC said she ha small items in his waistba would remove the items. the domino and paper clip completed hourly room sv #1's pockets and clothing. 12. When interviewed on 9 WCDC Supervisor A confi 	oom to another. She sed to check Client #1's d from the day program throughout the shift. mino at the facility. The a had gotten worse She noted Client #1 went chavioral issues. Client havior modifying a hospitalized from 9/10/18 at 11:05 a.m. evelopment Center Coordinator (PC) stated Washington day always present in the nt #1 went anywhere tside, he would be all times. The acting PC rimarily in a wheelchair n February and March. lity in March, Client #1's acting PC said the and scan the day ing before the REM d. They swept the floor e day. The WCDC did tecks with Client #1. ad seen Client #1 put nd in the past, and staff Since the incident with bs, WCDC staff now weeps and check Client 9/10/18 at 11:15 a.m.	W	196				

Facility ID: IAG0102

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	-	D HUMAN SERVICES MEDICAID SERVICES			FORI	D: 10/05/2018 M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		16G039	B. WING			C / 11/2018
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
REM IOW	A-WASHINGTON			1307 NORTH FIFTH AVENUE NASHINGTON, IA 52353		
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 196	stayed in the two-roor the REM Washington present with Client #1 never saw Client #1 b staff desk or show an had never seen a dor area. Supervisor A sa to ingest bits of paper food that was not his. before the clients arriv clean and scan the da items Client #1 might usually Client #1's wa she took him to the ba Client #1's pica and fo increased since return March. Client #1 had and pick up small item 13. When interviewed WCDC Supervisor B the REM Washington staff were always with scanned the room be morning. They also s the day, especially aff said she had never se program. Supervisor I where he got the dom of his house (facility). not know staff were si checks with Client #1 said Client #1's pica is getting limited amoun Client #1 had become food stealing was mut-	n day program area used by clients. Staff were always . Supervisor A said she other with the items on the y interest in paper clips. She nino in the day program id Client #1 had a tendency and he also tried to take She said every morning yed, the WCDC staff would ay program rooms for small try to ingest. She said she istband and pockets when athroom. Supervisor A said bod stealing had greatly ning from the hospital in a tendency to reach down ns from the floor. on 9/10/18 at 11:30 a.m. said she routinely worked in day program area. She said of Client #1. Staff swept and fore the clients arrived each wept the floor throughout ter snacks and lunch. She een a domino at the day B said she asked Client #1 tino and he told her outside Supervisor B said she did upposed to do pocket , so she never did it. She is worse since he began ts of pureed food in May. e obsessed with food. The ch worse. He also had a mall items from the floor,	W 196			

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 10/05/2018 MAPPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		16G039	B. WING					C 11/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE,	ZIP CODE		
				1:	307 NORTH FIFTH AVENUE			
REM IOWA	A-WASHINGTON			N	ASHINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
W 196	Qualified Intellectual I (QIDP) stated Client # behavior was revised attempts and the inge were supposed to che minutes during waking BSP, staff supposed to whenever Client #1 er also check his pocket different room. As an confirmed if Client #1 the living room and th room within a few min sweep each time and During a follow-up inte p.m. the QIDP acknow incidents of pica incre She said Client #1 ha his behaviors. He wa from a lengthy illness to get back to his old s behaviors have been time, which required a QIDP said Client #1's seemed to get worse feeding began. The Q revision to the data co attempts and combini WCDC, but did not ch supervision as the pic became more serious discussion about a po guard at the Plan of C QIDP explained the p actually to prevent inju	a on 9/06/18 at 1:45 p.m. the Disability Professional 41's BSP to reduce pica 7/15/18 to include pica sition of unsafe food. Staff eck on Client #1 every five g hours. According to the to do a room sweep intered a different room and s whenever he entered a example, the QIDP left the dining room to go to en returned to the dining intes, staff should do a room check his pockets. erview on 9/10/18 at 4:40 wledged Client #1's ased in June and July 2018. d a tendency to cycle with s also slowly recovering and it took a while for him self. Another client's very intense during this a lot of staff attention. The pica and food stealing when the limited pleasure 0DP said she made a oblection, by adding pica ing data from the facility and iange the interventions or is a incidents increased and a. Regarding the team issible helmet and face care meeting in April, the urpose of the helmet was	W	196				
	WCDC, but did not ch supervision as the pic became more serious discussion about a po guard at the Plan of C QIDP explained the p actually to prevent inju mistakenly document	ange the interventions or a incidents increased and a. Regarding the team possible helmet and face care meeting in April, the urpose of the helmet was uries from falls. She						

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		16G039	B. WING				C 11/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE NASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 196 W 249	 because Client #1 ha and managed to breat ingest them. A review of the QIDP June 2018 and July 2 noted the number of to unsafe food and the r inedible items, but the indicate what inedible ingested. 15. In summary, Clier ingestion of unsafe foo frequency and potent shoving a cupcake in did not take steps to a behaviors, which wer Client #1. Not all of the check Client #1's poc items. Staff claimed to environment closely, and swallow a domine without staff knowledge history of ongoing hea aspiration pneumonia disorders. Ingestion of potentially contribute problems. PROGRAM IMPLEMI CFR(s): 483.440(d)(1) As soon as the interd formulated a client's i each client must rece treatment program con 	try a helmet for ambulation d a soft helmet in the past k off small pieces and try to monthly data reviews for 018 revealed the QIDP imes Client #1 ingested aumber of times he ingested a QIDP reviews did not items Client #1 had at #1's incidence of pica and ods had been increasing in ial severity (Lego, rock, to his mouth). The facility address the increased e potentially dangerous for e staff knew to routinely kets an clothing for hidden o monitor Client #1 and his but he managed to obtain o and two paper clips ge. Client #1 had a recent alth issues, including and gastrointestinal of unsafe items could to additional health ENTATION) isciplinary team has ndividual program plan, ive a continuous active		249			

Facility ID: IAG0102

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 10/05/2018 APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	PLE CONSTRUCTION	-	(X3) DATE COMP	SURVEY LETED
		16G039	B. WING				C 11/2018
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
REM IOW	A-WASHINGTON			1307 NORTH FIFTH AVEN WASHINGTON, IA 523			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	objectives identified ir plan.	port the achievement of the n the individual program	W 24	49			
	Based on observation review, the facility fail consistently implement program (BSP) to red of unsafe food items known history of inge- unsafe food items. The	nted a behavior support uce pica and consumption for Client #1, who had a sting non-edibles and le facility failed to implement e sufficient to ensure Client					
	regarding an incident revealed Client #1 co During a follow-up me day, an x-ray revealed #1's abdomen, which paperclips. Client #1 y for aspiration pneumo physicians were report about the two papercl pass naturally. Howe removed by a coloros #1's pneumonia resol	was hospitalized on 8/31/18					
	mood disorder, impuls	severe intellectual disability, se control disorder, ectomy with colostomy, Tube), pica, lux disease (GERD),					

Facility ID: IAG0102

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 10/05/2018 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	-	(X3) DATE COMP	SURVEY LETED
		16G039	B. WING				C 11/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
REM IOW	A-WASHINGTON			1307 NORTH FIFTH AVENI WASHINGTON, IA 5235			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	was generally able to understood by people was seriously ill and h 3/06/18. While hospit pacemaker, a colosto nutrition, hydration an was in a weakened st recovered slowly. Pri Client #1 was ambula the hospital, Client #1 for mobility. He could assistance. Client #1 from 5/04/18 to 5/18/1 the intestine/bowel to waste out of the body diagnosed with pneur received antibiotics for been allowed to have food items for pleasur liquids must be thicke and are also allowed Client #1's Plan of Ca held on 4/10/18, discu- his lengthy hospitaliza #1 had a BSP to redu agreed to continue the included five minute of waking hours. The tea of implementing a hel prevent Client #1 from The Nursing Director and pass along her fir agreed to continue CI the incidence of food #1 was NPO (nothing	ad some verbal skills and make his wants and needs who knew him. Client #1 pospitalized from 2/03/18 to alized, Client #1 received a my and a g-tube for d medications. Client #1 ate upon discharge and or to the hospitalization tory. After discharge from primarily used a wheelchair ambulate with staff was hospitalized again 8 for an ileus (inability of contract normally and move). Client #1 was also nonia on 6/14/18 and r two weeks. Client #1 had a limited amount of pureed e feedings since May. Oral ned to a honey consistency in a limited amount. re (POC) team meeting ussed his status following ation. The POC noted Client ce pica behavior. The team e pica program, which hecks of Client #1 during am discussed the possibility met with a face shield to n ingesting edible items. said she would look into this ndings. The team also ient #1's program to reduce stealing. At that time, Client	W 24				

						O. 0938-039		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	· · ·	E SURVEY IPLETED		
			A. BUILDING			С		
		16G039	B. WING					
	ROVIDER OR SUPPLIER	100000		REET ADDRESS, CITY, STATE, ZIP CODE	0:	9/11/2018		
	ROVIDER OR SUFFLIER			107 NORTH FIFTH AVENUE				
REM IOW	A-WASHINGTON			ASHINGTON, IA 52353				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETIO		
W 249	Continued From page	e 17	W 249					
		o reduce incidents of pica.	11210					
		gram, Client #1 sometimes						
		items and inedible items on						
		m directed staff to sweep the						
	kitchen and dining ro							
		Client #1 also had a chewy						
	tube he could safely	cnew on. Program d locked kitchen, hygiene						
		et and shower room when						
		t. Staff were to check on						
	-	ninutes during waking hours						
	and every 30 minutes	s on the overnight shift.						
		gram, "Staff will perform						
		sweeps when (Client #1)						
		nment and/or goes into his imes and/or to go to bed for						
	the night. When staf							
	•	sweep, staff will visually						
		e if there are any possible						
		lient #1) could potentially						
		ve these items from the						
		re (Client #1's) safety. Staff						
		ese sweeps and look under						
		rniture), on table tops, floors, nt #1's) closet, in between his						
		etc. Staff will also check						
		before completing the						
	, , , , , , , , , , , , , , , , , , , ,	to ensure he had not						
		ockets that he could attempt						
		e directed to remove items						
	from Client #1 that he	e was attempting to ingest.						
	Client #1 also had a l	BSP to reduce the incidence						
	of food stealing, last	updated 4/15/18. The						
		aff should attempt to engage						
	-	ed activity during meal and						
		clients ate. If Client #1						
		od from others, he should be iff could also remove food						
	\Box DIDITICIED DOLLO STA		1			1		

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DNSTRUCTION	(X3) DATE COMP	
		16G039	B. WING				_ 11/2018
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				NORTH FIFTH AVENUE SHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	items from Client #1. access to the kitchen Client #1 was NPO, n anything orally. If sig occurring, such as ob food or watching peel keep Client #1 in sigh food stealing. The BS indicate that Client #1 of pureed food and he 2018. 3. A review of behavid 8/30/18 revealed the March: 3/22/18: Client #1 got put it into his mouth. 3/28/18- A coin (quart colon during a check (The coin later passed April: 4/10/18: Client #1 atta canned fruit he picked a finger sweep. No date: Client #1 gra the table and put it in sweep. 4/15/18: Client #1 gra drank approximately for May: No documented incid	Client #1 had restricted According to the program, neaning he should not ingest nal behaviors were sessing over other people's rs eat/drink, staff should to prevent an incident of P had not been updated to was allowed small amounts oney thick liquids as of May oral data from 3/16/18 to following: a stuffing from a chair and Staff did a finger sweep. ter) was noted in Client #1's of his G-tube placement. d naturally.) empted to ingest a piece of aff did a finger sweep. empted to ingest a piece of d up from the floor. Staff did abbed a piece of potato from his mouth. Staff did a finger abbed a peer's soda and three ounces.	W 2	249			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG _		COMF	PLETED
		16G039	B. WING				C / 11/2018
NAME OF PI	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 249	6/04/18: Client #1 gra a peer's plate and pur finger sweep of his m 6/07/18: Client #1 gra plate and attempted t sweep of Client #1's n 6/09/18: Client #1 gra the table and attemp finger sweep of Clien food. 6/11/18: Staff saw a L emptying his ostomy 6/12/18: Staff saw a s feces while emptying 6/18/18: Client #1 gra Cheetos and ingested intervene. 6/20/18: Client #1 gra drank the milk with ce	abbed a piece of waffle off of t it in his mouth. Staff did a outh. abbed cereal from a peer's o ingest. Staff did a finger mouth to remove the food. abbed a peer's snack from ted to ingest. Staff did a t #1's mouth to remove the ego in Client #1 feces while bag. small bead in Client #1's his ostomy bag. abbed a staff person's bag of d some before staff could abbed a peer's bowl and ereal in it. abbed a staff person's glass	W	249			
	7/04/18: Staff saw a p towel in Client #1's fe ostomy bag. 7/05/18: Client #1 got his finger into a peer's	paper towel or piece of paper ces when emptying his into the lunch tote and slid is food and ate it. piece of granola bar, granola					
	bar wrapper and a pie Client #1's ostomy ba 7/07/18: Staff saw a p Client #1's ostomy ba 7/08/18: Staff saw a p Client #1's ostomy ba 7/10/18: Client #1 got and ate some.	ece of magazine page in lg. biece of magazine paper in lg. biece of magazine paper in					

Facility ID: IAG0102

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		16G039	B. WING _				C 11/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				07 NORTH FIFTH AVENUE ASHINGTON, IA 52353		
(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 (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	some applesauce. 7/13/18: Client #1 atter magazine page. Staf mouth. 7/14/18. Client #1 go floor (unclear if he aci 7/17/18: Staff saw a r when emptying his os 7/19/18: Client #1 gra and ate it. August: 8/03/18: Client #1 gra the staff desk and atter his mouth. Staff redire tube. 8/08/18: Another pee magazine page and c Client #1 picked it up He removed it from his staff. 8/09/18: Client #1 got and drank some. 8/09/18: Client #1 got opened a peer's snac Client #1 got the food 8/09/18: Client #1 ing paper from the floor. 8/13/18: Staff saw a p Client #1's feces while 8/22/18: Client #1 gra shoved it into his mou and staff did a finger s 8/27/18: Client #1 pic and move it toward hi bug before Client #1 cou	empted to ingest a piece of a f did a finger sweep of his t some food that was on the tually ingested it). ock in Client #1's feces stomy bag. bbed a peer's Vanilla Wafer abbed a piece of paper off of empted to put the paper in ected Client #1 with a chew r ripped off a corner of a tropped it on the floor. and placed it in his mouth. is mouth when prompted by c ahold of a peer's soda pop c into the lunch tote and k. Staff intervened before ested part of a piece of biece of magazine paper in e emptying his ostomy bag. bbed a peer's cupcake and uth. He spit most of it out sweep. ked up a bug from the floor s mouth. Staff grabbed the could put it into his mouth.	W 2	249			

-		D HUMAN SERVICES				FOR	D: 10/05/2018 M APPROVED
STATEMENT OF DEFICIEN AND PLAN OF CORRECTION	CIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE COM	D. 0938-0391 E SURVEY PLETED
		16G039	B. WING				C / 11/2018
NAME OF PROVIDER OF	SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	0 7 0N			1:	307 NORTH FIFTH AVENUE		
REM IOWA-WASHIN	GION			N	VASHINGTON, IA 52353		
	ACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
 9/06/18 is small oby medicating shower in person with kept lock activity of any small oby medicating the eight their time many crassing the eight their time many crassing the shelf baggie in they had program attention staff were he was in anywhere. 6. When Program day prog of 8/30/1 agency was anywhere used a was maneuver check or 7. When 	jects in sight. on room, staf oom were ke vas present. ded unless a d closet was unl ll items that of vations at the and early after REM Washin e in two adjoin aft supplies, s ach. Some s abinet. A staf of the desk. n an unlocked n dearly after of the desk. n an unlocked n the two-roo e else in the interviewed of supervisor s gram on the a 8 and returned van around 3: e else on tha vheelchair for er independel n Client #1 at interviewed of	e 21 home was very tidy, with no The doors to the kitchen, f offices, supply closet and pt locked unless a staff Client bedrooms were also client was in the room. An locked, but did not contain could be swallowed. e day program on the ernoon of 9/06/18 revealed higton clients spent most of hing rooms. The rooms had eensory items and toys maller items were in a f desk on the end of the supplies on the desk, such A rubber band was noted on Paper clips were kept in a d drawer. Staff present said a domino at the day Client #1 did not pay lesk area. Staff also said sent with Client #1, whether m day program area, building or outside. on 9/06/18 at 1:30 p.m. the said Client #1 went to the gency van on the morning ed to the facility on the 00 p.m. Client #1 did not go t day. Client #1 primarily ambulation, which he could htly. Staff were supposed to least every five minutes.	W	249			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/05/2018 MAPPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		16G039	B. WING				C 11/2018
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
W 249	she worked on the aft two other staff transpo day program to the fa around 3:00 p.m. Clie normal self. The LDS bathroom shortly after she checked his pock nothing. She said she the facility. The LDSP scanning the environr Client #1 might put in not know that staff we check Client #1's poc checked his pockets a Client #1 to the bathro #1's pica had gotten r G-tube. Client #1 ofte from the floor, such as string. He would ever a spot or stain on the 8. When interviewed on She gave Client #1 hi p.m. Client #1 was th amount of pureed foo wet sounding cough. maybe two minutes a a small amount of liqu said it was a black, re had never seen a don agency van in the fou there. She said none dominos. DSP A calle the incident. DSP A c	ternoon of 8/30/18. She and orted the clients from the icility in the agency van ent #1 seemed like his SP took Client #1 to the r he arrived home. She said tets and clothing and found e had never seen dominos at P said she was always ment for anything small his mouth. She said she did ere supposed to regularly kets, but she typically and clothing when she took form. The LDSP said Client much worse since he got the en tried to pick things up s lint, crumbs, paper or n reach down to try to pick at floor. on 9/06/18 at 2:00 p.m. DSP the afternoon of 8/30/18. Is tube feeding around 5:00 hen supposed to get a small id, but he began to have a Client #1 coughed for nd then coughed/vomited up uid and a domino. DSP A egular sized domino. She nino at the facility or on the ir years she had worked of the other clients had ed the on-call nurse about	W	249			

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		16G039	B. WING				C /11/2018
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	 #1's temperature and night. DSP A said state environments looking #1 might ingest. She attempt to ingest paper of facility. They were kee medication room, whi were not in the rooms checked Client #1's p the shift and then occ shift, but not every tim She said Client #1 off up from the floor to in crumbs and lint. He a others. 9. When interviewed a DSP B stated she was the first shift. She said should check a room it, but she did not kno pocket checks with C #1 would sometimes waistband of his pant incidence of pica had the G-tube. He would items from the floor a people's food. DSP E domino in the facility a Client #1 show an interviewed the Registered Nurse helped with direct car Monday through Frida staff were supposed to Client #1 went from o 	other vital signs during the ff always scanned the for small items that Client had never seen Client #1 er clips. DSP A said she lips laying around the ept in staff offices or the ch were kept locked if staff 5. DSP A said she usually ockets at the beginning of asionally throughout the ne he entered another room. en tried to pick small items gest, such as bits of paper, lso tried to take food from on 9/10/18 at 10:25 a.m. s a full-time staff person on d she understood staff whenever Client #1 entered w staff were supposed to do lient #1. DSP B said Client tuck small items in the s. She said Client #1's gotten worse since he got d often try to pick up small nd he would try to take other B said she had never seen a and she had never seen		249			

Facility ID: IAG0102

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				F	NTED: 10/05/2018 FORM APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION	(X3)	B NO. 0938-0391 DATE SURVEY COMPLETED
		16G039	B. WING				C 09/11/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	.	
DENLOW	WACHINGTON			1:	307 NORTH FIFTH AVENUE		
	A-WASHINGTON			W	VASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 249	or an outing, not routing She had never seen a RN stated Client #'1's since he got the G-tult through cycles with hi #1 had changes in his medications when he February to March. 11. When interviewed the Washington Count (WCDC) acting Prograssic she supervised the RH program area. Staff w day program area. If else in the building, or accompanied by staff said Client #1 had be since his hospitalization Since returning to the pica had increased. The WCDC staff would clear program room each m Washington clients ar as needed through ou not routinely do pocket The acting PC said sh small items in his wais would remove the iter the domino and paper hourly room sweeps a pockets and clothing. 12. When interviewed WCDC Supervisor A c stayed in the two-roor the REM Washington	rned from the day program nely throughout the shift. a domino at the facility. The pica had gotten worse be. She noted Client #1 went s behavioral issues. Client s behavior modifying was hospitalized from on 9/10/18 at 11:05 a.m. ty Development Center am Coordinator (PC) stated EM Washington day rere always present in the Client #1 went anywhere r outside, he would be at all times. The acting PC en primarily in a wheelchair on in February and March. facility in March, Client #1's The acting PC said the ean and scan the day norning before the REM rived. They swept the floor at the day. The WCDC did et checks with Client #1. he had seen Client #1 put stband in the past, and staff ns. Since the incident with r clips, WCDC staff now do	W	249			

Facility ID: IAG0102

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/05/2018 MAPPROVED D. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		16G039	B. WING				C 11/2018
NAME OF PF	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
	-WASHINGTON			1:	307 NORTH FIFTH AVENUE		
	-washing ron			v	WASHINGTON, IA 52353		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
W 249	staff desk or show any had never seen a dom area. Supervisor A sa to ingest bits of paper food that was not his. before the clients arriv clean and scan the da items Client #1 might usually Client #1's wa she took him to the ba Client #1's pica and fo increased since return March. Client #1 had and pick up small item 13. When interviewed WCDC Supervisor B the REM Washington staff were always with scanned the room bef morning. They also s the day, especially aft said she had never se program. Supervisor B where he got the dom of his house (facility). not know staff were su checks with Client #1, said Client #1's pica w getting limited amoun Client #1 had become food stealing was muc tendency to pick up su including bits of paper	other with the items on the y interest in paper clips. She nino in the day program id Client #1 had a tendency and he also tried to take She said every morning yed, the WCDC staff would ay program rooms for small try to ingest. She said she istband and pockets when athroom. Supervisor A said ood stealing had greatly ning from the hospital in a tendency to reach down ns from the floor. on 9/10/18 at 11:30 a.m. said she routinely worked in day program area. She said of Client #1. Staff swept and fore the clients arrived each wept the floor throughout ter snacks and lunch. She een a domino at the day B said she asked Client #1 nino and he told her outside Supervisor B said she did upposed to do pocket , so she never did it. She was worse since he began ts of pureed food in May. e obsessed with food. The ch worse. He also had a mall items from the floor,	W	249			
	Qualified Intellectual	-					

Facility ID: IAG0102

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		D HUMAN SERVICES MEDICAID SERVICES			FORM	D: 10/05/2018 M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		16G039	B. WING			C / 11/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
			· ·	1307 NORTH FIFTH AVENUE		
	A-WASHINGTON			WASHINGTON, IA 52353		
(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 SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 249	attempts and the inger were supposed to che minutes during waking BSP, staff supposed to whenever Client #1 er also check his pocket different room. As an confirmed if Client #1 the living room and th room within a few min sweep each time and During a follow-up inte p.m. the QIDP acknow incidents of pica incre She said Client #1 ha his behaviors. He wa from a lengthy illness to get back to his old behaviors have been time, which required a QIDP said Client #1's seemed to get worse feeding began. The G revision to the data co attempts and combini WCDC, but did not ch supervision as the pic became more serious discussion about a po guard at the Plan of C QIDP explained the p actually to prevent inju mistakenly documente pica incidents. After fu facility decided not to because Client #1 ha	7/15/18 to include pica estion of unsafe food. Staff eck on Client #1 every five g hours. According to the to do a room sweep intered a different room and s whenever he entered a example, the QIDP left the dining room to go to en returned to the dining nutes, staff should do a room check his pockets. erview on 9/10/18 at 4:40 wledged Client #1's tased in June and July 2018. d a tendency to cycle with s also slowly recovering and it took a while for him self. Another client's very intense during this a lot of staff attention. The pica and food stealing when the limited pleasure QIDP said she made a oblection, by adding pica ng data from the facility and tange the interventions or ta incidents increased and to Regarding the team possible helmet and face care meeting in April, the urpose of the helmet was	W 249			

Facility ID: IAG0102

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 10/05/2018 APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	PLE CONSTRUCTION G		(X3) DATE COMP	SURVEY LETED
		16G039	B. WING			(09/	C 11/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	E, ZIP CODE		
REM IOW	A-WASHINGTON			1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION IVE ACTION SHOULD BE CED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page ingest them.	27	W 24	49			
W 257	June 2018 and July 2 noted the number of t unsafe food and the m inedible items, but the indicate what inedible ingested. PROGRAM MONITO CFR(s): 483.440(f)(1) The individual program least by the qualified professional and revise but not limited to situal	RING & CHANGE (iii) m plan must be reviewed at mental retardation sed as necessary, including, ations in which the client is vard identified objectives	W 29	57			
	Based on interviews facility failed to revise client's behaviors incr potential severity. Th involved in the investi #1). Finding follows: 1. Record review on S regarding an incident revealed Client #1 con During a follow-up me day, an x-ray revealed #1's abdomen, which paperclips. Client #1 v for aspiration pneumo	was hospitalized on 8/31/18					

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CENTER		D HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF		NSTRUCTION		FORM	0: 10/05/2018 APPROVED 0: 0938-0391 SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	` '				· /	LETED
		16G039	B. WING					C 11/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
REM IOW	A-WASHINGTON				NORTH FIFTH AVENUE HINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
W 257	pass naturally. Howe removed by a colonos #1's pneumonia resol back to the facility on 2. Client #1 had a BS incident on 8/30/18 to last revised on 7/05/1 program, Client #1 so food items and inedib program directed staff dining room area whe floor. Client #1 also h safely chew on. Progr locked kitchen, hygier and shower room whe Staff were to check or minutes during waking minutes on the overni program, "Staff will pe sweeps when (Client environment and/or g private times and/or to When staff is perform sweep, staff will visual there are any possible #1) could potentially F items from the enviror #1's) safety. Staff will sweeps and look undo furniture), on table top (Client #1's) closet, in box/spring, etc. Staff pockets before compl sweep to ensure he h pockets that he could	ver, the two paperclips were scopy on 9/04/18. Client ved. He was discharged the afternoon of 9/05/18. P in place at the time of the reduce incidents of pica, 8. According to the metimes obsessed about le items on the floor. The f to sweep the kitchen and on things dropped to the rad a chewy tube he could am interventions included he supplies, supply closet en staff were not present. In Client #1 every five g hours and every 30 ght shift. According to the erform environmental/room #1) enters into an oes into his bedroom for to go to bed for the night. ing an environmental room Illy check the area to see if e items present that (Client PICA. Staff will remove these ment to ensure (Client I be thorough in these er items (bed, chairs, tos, floors, window sills, in between his mattress will also check (Client #1's) eting the environmental ad not placed items in his attempt to PICA" Staff ove items from Client #1 that	W 25	57				

Facility ID: IAG0102

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE COMP	
		16G039	B. WING				
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 307 NORTH FIFTH AVENUE		
REM IOW	A-WASHINGTON				VASHINGTON, IA 52353		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 257	Client #1 also had a F of food stealing, last u program indicated sta Client #1 in a preferrer snack times as other attempted to take foo prompted not to. Sta items from Client #1. access to the kitchen Client #1 was NPO, m anything orally. If sig occurring, such as ob food or watching peet keep Client #1 in sigh food stealing. The BS indicate that Client #1 of pureed food and he 2018. 3. A review of behavio 8/30/18 revealed the March: 3/22/18: Client #1 go put it into his mouth. 3/28/18- A coin (quar colon during a check (The coin later passe April: 4/10/18: Client #1 atto canned fruit he picked a finger sweep. No date: Client #1 gra the table and put it in sweep.	ASP to reduce the incidence updated 4/15/18. The ff should attempt to engage ed activity during meal and clients ate. If Client #1 d from others, he should be ff could also remove food Client #1 had restricted . According to the program, neaning he should not ingest nal behaviors were sessing over other people's rs eat/drink, staff should t to prevent an incident of P had not been updated to was allowed small amounts oney thick liquids as of May oral data from 3/16/18 to following: t stuffing from a chair and Staff did a finger sweep. ter) was noted in Client #1's of his G-tube placement.		257			

Facility ID: IAG0102

If continuation sheet Page 30 of 37

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMF	E SURVEY PLETED
		16G039	B. WING				C / 11/2018
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE		
					1307 NORTH FIFTH AVENUE		
REMIOW	A-WASHINGTON				WASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 257	drank approximately f May: No documented incide hospitalized with an il June: 6/04/18: Client #1 gra a peer's plate and put finger sweep of his m 6/07/18: Client #1 gra plate and attempted to sweep of Client #1's r 6/09/18: Client #1 gra the table and attempt finger sweep of Client food. 6/11/18: Staff saw a L emptying his ostomy 6/12/18: Staff saw a s feces while emptying 6/18/18: Client #1 gra Cheetos and ingested intervene. 6/20/18: Client #1 gra drank the milk with ce 6/21/18: Client #1 gra of water and got a dri intervene. July: 7/04/18: Staff saw a p towel in Client #1's fe ostomy bag. 7/05/18: Client #1 got his finger into a peer's 7/06/17: Staff saw a p	three ounces. ents. Client #1 was eus from 5/04/18 to 5/18/18. abbed a piece of waffle off of t it in his mouth. Staff did a outh. abbed cereal from a peer's o ingest. Staff did a finger mouth to remove the food. abbed a peer's snack from ted to ingest. Staff did a t #1's mouth to remove the e.ego in Client #1 feces while bag. small bead in Client #1's his ostomy bag. abbed a staff person's bag of d some before staff could abbed a peer's bowl and ereal in it. abbed a staff person's glass nk before staff could baper towel or piece of paper ces when emptying his is into the lunch tote and slid is food and ate it. biece of granola bar, granola ece of magazine page in		257			

Facility ID: IAG0102

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391		
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		LE CONSTRUCTION	(X3) DATE COMP			
		16G039	B. WING				_ 11/2018		
NAME OF PF	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE	•			
REM IOWA	-WASHINGTON				1307 NORTH FIFTH AVENUE				
					WASHINGTON, IA 52353				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
W 257	Client #1's ostomy ba 7/08/18: Staff saw a p Client #1's ostomy ba 7/10/18: Client #1 got and ate some. 7/10/18: Client #1 got some applesauce. 7/13/18: Client #1 got floor (unclear if he act 7/17/18: Staff saw a r when emptying his os 7/19/18: Client #1 got dog (unclear if he act 7/17/18: Staff saw a r when emptying his os 7/19/18: Client #1 gra and ate it. August: 8/03/18: Client #1 gra the staff desk and atte his mouth. Staff redire tube. 8/08/18: Another peer magazine page and d Client #1 picked it up He removed it from hi staff. 8/09/18: Client #1 got opened a peer's snac Client #1 got the food 8/09/18: Client #1 ing paper from the floor. 8/13/18: Staff saw a p Client #1's feces while	biece of magazine paper in g. biece of magazine paper in g. food out of the trash can into the lunch tote and ate empted to ingest a piece of a f did a finger sweep of his t some food that was on the tually ingested it). ock in Client #1's feces tomy bag. bbed a piece of paper off of empted to put the paper in ected Client #1 with a chew rripped off a corner of a tropped it on the floor. and placed it in his mouth. s mouth when prompted by ahold of a peer's soda pop into the lunch tote and k. Staff intervened before	W	257					
		ith. He spit most of it out							

Facility ID: IAG0102

If continuation sheet Page 32 of 37

	-	D HUMAN SERVICES MEDICAID SERVICES			FOI	ED: 10/05/2018 RM APPROVED IO. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DA	TE SURVEY MPLETED
		16G039	B. WING		a	C 9/11/2018
NAME OF P	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP COL		
			130	7 NORTH FIFTH AVENUE		
REMIOW	A-WASHINGTON		WA	SHINGTON, IA 52353		
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 257	and staff did a finger s 8/27/18: Client #1 picl and move it toward hi bug before Client #1 cou 4. When interviewed of Lead Direct Support F she worked on the aff two other staff transpo- day program to the fa around 3:00 p.m. Clien normal self. The LDS bathroom shortly after she checked his pock nothing. The LDSP sat the environment for a might put in his mouth that staff were suppose #1's pockets, but she pockets and clothing the had gotten much wors Client #1 often tried to floor, such as lint, cru would even reach dow stain on the floor. 5. When interviewed on She gave Client #1 hi p.m. Client #1 was the amount of pureed foo wet sounding cough. maybe two minutes a a small amount of liqu said it was a black, re said staff always scar	sweep. ked up a bug from the floor s mouth. Staff grabbed the could put it into his mouth. ughed up a domino. on 9/10/18 at 10:35 a.m. the Professional (LDSP) stated ernoon of 8/30/18. She and orted the clients from the cility in the agency van ent #1 seemed like his SP took Client #1 to the r he arrived home. She said ets and clothing and found aid she was always scanning mything small Client #1 h. She said she did not know sed to regularly check Client	W 257			

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES					FORM): 10/05/2018 MAPPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		16G039	B. WING				(09/	C 11/2018
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
REM IOWA	A-WASHINGTON			1	307 NORTH FIFTH AVENUE			
				V	VASHINGTON, IA 52353			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
W 257	 pockets at the beginning occasionally through of time he entered anoth #1 often tried to pick as to ingest, such as bits He also tried to take for When interviewed on B stated she was a fur first shift. She said she check a room whenever she did not know staff pocket checks with Cl #1 would sometimes to waistband of his pants incidence of pica had the G-tube. He would items from the floor ar people's food. 6. When interviewed to check are duties through Friday. She since he got the G-tube through the group of the G-tube for the G-tube for the group of the G-tube for the group of the G-tube for the group of the G-tube for the G-tube f	ly checked Client #1's ing of the shift and then ut the shift, but not every eer room. She said Client small items up from the floor of paper, crumbs and lint. bod from others. 9/10/18 at 10:25 a.m. DSP Il-time staff person on the e understood staff should ver Client #1 entered it, but were supposed to do ient #1. DSP B said Client uck small items in the s. She said Client #1's gotten worse since he got often try to pick up small nd he would try to take other on 9/10/18 at 10:45 a.m. the I) said she typically helped in the mornings, Monday aid she understood staff eck/scan an area when he room to another. She oposed to check Client #1's rined from the day program hely throughout the shift. #1's pica had gotten worse be. She noted Client #1 went is behavioral issues. Client is behavioral issues. Client is behavioral from on 9/10/18 at 11:05 a.m. the	w	257				
	7. When interviewed of Washington County D							

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	D: 10/05/2018 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		16G039	B. WING				C 11/2018
NAME OF PI	ROVIDER OR SUPPLIER			S.	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
				1:	307 NORTH FIFTH AVENUE		
REM IOW	A-WASHINGTON			v	VASHINGTON, IA 52353		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 257	(WCDC) acting Programishe supervised the RI program area. Staff we day program area. If else in the building, or accompanied by staff said Client #1 had bee since his hospitalization Since returning to the pica had increased. The WCDC staff would clee program room each me Washington clients are as needed through out not routinely do pocket The acting PC said shis small items in his wais would remove the iter the domino and paper hourly room sweeps at pockets and clothing. 8. When interviewed of WCDC Supervisor A constayed in the two-room the REM Washington present with Client #1 never saw Client #1 bis staff desk or show any had never seen a dom area. Supervisor A sai to ingest bits of paper food that was not his. before the clients arriving clean and scan the dai items Client #1 might usually Client #1's wai she took him to the bar	am Coordinator (PC) stated EM Washington day rere always present in the Client #1 went anywhere r outside, he would be at all times. The acting PC en primarily in a wheelchair on in February and March. facility in March, Client #1's The acting PC said the ean and scan the day norning before the REM rived. They swept the floor at the day. The WCDC did bet checks with Client #1. he had seen Client #1 put stband in the past, and staff ms. Since the incident with r clips, WCDC staff now do	W	257			

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/05/2018 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		16G039	B. WING				C / 11/2018
NAME OF PI	ROVIDER OR SUPPLIER		•	s	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
REM IOW	A-WASHINGTON				1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 257	March. Client #1 had and pick up small item 9. When interviewed of WCDC Supervisor B at the REM Washington staff were always with scanned the room bet morning. They also s the day, especially aff Supervisor B said she supposed to do pocke she never did it. She at worse since he begar pureed food in May. O obsessed with food. worse. He also had at items from the floor, in lint or fuzz. 10. When interviewed Qualified Intellectual II (QIDP) stated Client # behavior was revised attempts and the inge were supposed to che minutes during waking BSP, staff supposed to whenever Client #1 et also check his pocket different room. As an confirmed if Client #1 the living room and th room within a few min sweep each time and	hing from the hospital in a tendency to reach down his from the floor. In 9/10/18 at 11:30 a.m. said she routinely worked in day program area. She said of Client #1. Staff swept and fore the clients arrived each wept the floor throughout the snacks and lunch. a did not know staff were et checks with Client #1, so said Client #1's pica was in getting limited amounts of Client #1 had become The food stealing was much in tendency to pick up small holuding bits of paper, dirt, a for 9/06/18 at 1:45 p.m. the Disability Professional 41's BSP to reduce pica 7/15/18 to include pica stion of unsafe food. Staff eck on Client #1 every five g hours. According to the to do a room sweep intered a different room and s whenever he entered a example, the QIDP left the dining room to go to en returned to the dining inites, staff should do a room check his pockets. erview on 9/10/18 at 4:40	W	257			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 10/05/2018 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		16G039	B. WING			C 09/11/2018		
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE			
REM IOWA-WASHINGTON					1307 NORTH FIFTH AVENUE WASHINGTON, IA 52353			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		BE	(X5) COMPLETION DATE	
W 257	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		W	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO				

Facility ID: IAG0102

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