V 8/8/19 OK 8/6/19

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

PRINTED: 07/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 06/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 Investigations #82574-I and #82722-I, conducted 5/7/19 -6/27/19, resulted in no deficiencies. Investigation #82603-I, also conducted 5/7/19 - 6/27/19, resulted in deficiencies written at W156 and W249.	W 000	See attached POC 7/29/19	
W 156	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interviews and record reviews the facility failed to report results of investigations within five working days of the incident and in accordance with the facility Incident Management Policy. This affected 1 of 1 sample client (Client #1) reviewed during investigation #82603-I. Finding follows: Record review facility investigation for Client #1, indicated, "On 4/7/19 (Residential Treatment Worker (RTW) A) reported she didn't fasten (Client #1's) chest and hips supports on her Aquatec shower chair and (Client #1) slipped out of it." On 4/10/19, the investigator documented, "Additional interviews are needed; this report will be amended once all interviews have been completed." The facility amended the investigation on 5/10/19. Additional record review revealed facility policy for Incident Management dated 6/2/17. The policy	W 156		

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 156	Continued From page 1 indicated, "All investigations shall be completed within five working days of the reporting of the incident." When interviewed on 5/14/19 at 2:15 p.m. the Director of Quality Management confirmed the facility failed to complete Client #1's investigation in a timely manner.	W 156		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure clients received needed supports and services as outlined in the Individual Support Plan (ISP). This affected 1 of 1 sample client (Client #1) reviewed during investigation #82603-I. Finding follows: Record review revealed Client #1's Incident Report dated 4/7/19, indicated, "I was getting (Client #1's) oral care done right after I got her dressed. She was in her shower chair as I was giving her a shower right before her oral care. I was bringing her back to her bedroom and once we got her in the door way she slid, head first onto the ground. She landed on her right side.	W 249		

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W 249	Continued From page 2 Right shoulder and right elbow is pink in color and pinkness is fading." Additional record review revealed the following: a. Facility investigation for Client #1, indicated, "On 4/7/19 (Residential Treatment Worker (RTW) A) reported she didn't fasten (Client #1's) chest and hips supports on her Aquatec shower chair and (Client #1) slipped out of it." On 4/10/19, the investigator documented, "Additional interviews are needed; this report will be amended once all interviews have been completed." The facility amended the investigation on 5/10/19. b. Client #1's diagnosis included profound intellectual disability, epilepsy, osteoporosis, and spastic quadriparesis. c. Client #1's Individual Support Plan (ISP) dated 6/6/18, indicated Client #1 preferred showers and used an AquaTec Ocean shower chair with hip belt and chest support with full assistance from staff. The ISP also indicated Client #1 required two staff to support her dressing. d. Client #1's Physical Nutritional Management Plan (PNMP) dated 3/20/19. The PNMP indicated Client #1 used an "Aquatec Shower Chair (with) hip belt and chest support." e. Client #1's Nursing Assessment on 4/7/19, indicated, "Staff reported client fell out of shower chair. Staff also states client did not hit her head. Staff reports client hit left shoulder on floor and rolled to her side." The assessment also indicated Client #1 had range of motion within normal limits, a reddened area on the cap of her left shoulder and top of left elbow. The area on the shoulder was slightly warm and both areas	W 249		

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W 249	Continued From page 3 were fading over time. When interviewed on 5/14/19 at 12:21 p.m. Residential Treatment Worker (RTW) A reported she was a new staff. She only worked on her own for about a week or two before the incident happened. RTW A reported she gave Client #1 a shower the evening of 4/7/19. She stated after Client #1's shower, RTW A wrapped Client #1 up in her shower chair and pushed Client #1 into her bedroom. RTW A unbuckled Client #1's chest support and lap belt to transfer her into her bed. RTW A remembered she forgot to assist Client #1 to brush her teeth. RTW A stated she forgot to ensure the chest support and lap belt were on Client #1 before moving her into the bathroom. She assisted Client #1 with tooth brushing and moved her back to her bedroom. When they arrived to Client #1's bedroom door, Client #1 leaned forward and fell out of her wheelchair. RTW A believed Client #1 landed on her left side. RTW A did not believe Client #1 sustained injuries, but RTW A was upset after it happened and the nurse took over. RTW A explained Client #1 should have her lap belt and chest support on while in her shower chair. She acknowledged the facility trained her on the proper supports for Client #1. When interviewed on 5/14/19 at 2:15 p.m. the Director of Quality Management acknowledged the facility failed to ensure staff followed Client #1's PNMP.	W 249		

8/8/19 OK 8/6/19

Glenwood Resource Center
Plan of Correction
DIA Investigation #82603-1

W 156 – 483.420(d)(4): The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of incident.

Individual Response:
GRC re-trained the Quality Management Director and Investigators on the GRC Incident Management Policy and W156-483.420(d)(4). The training included the requirement to complete all investigations and report results within five working days of the reporting of incident.

Responsible: Director of Quality Management
Responsible to Monitor: Superintendent
Completion Date: 7/29/19 and ongoing

Systemic Response:
The Director of Quality Management will review all investigations to ensure investigation results are reported within five working days of the incident. In addition, Glenwood's Incident Review Committee will continue to review all incident reports to ensure thoroughness and timely completion of the investigations.

The Quality Management Director will monitor compliance weekly and report findings to the Superintendent. The Quality Management Director and Superintendent will make systemic changes, as needed, to maintain ongoing compliance.

Responsible: Director of Quality Management
Completion Date: 7/29/19 and ongoing

W 249 – 483.440(d)(1): As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

Individual Response:
GRC administered appropriate personnel action to RTW A for his/her failure to follow Client #1's supports as outlined in the PNMP.

Responsible: Treatment Program Administrator
Completion Date: 5/21/19

Systemic Response:

- GRC therapy professionals (OT, PT, and SLP) developed training to enhance the skills of direct care staff on topics related to physical nutritional management. The Clinical Therapies Department offers the class monthly and attendance is required annually.

  The Treatment Program Managers monitor attendance of their assigned staff each month. The TPM provides a report to the Treatment Program Administrator outlining staff attendance. The TPM will make correction, as needed, to ensure that all staff complies with the requirement to attend this class annually.

- Therapist reviewed all PNMPs and revised, as needed, to clarify transfer and positioning supports for individuals. Revised PNMPs were re-trained.

  The Clinical Therapies Supervisor will monitor the training of revised PNMPs to ensure that staff is trained as outlined. The supervisor will direct the therapists to address any outstanding training needs. Monitoring will occur weekly.

- GRC will continue to ensure that each GRC client receives a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

  TPAs, TPMs, RTSs, Therapists and AODs will continue to monitor active treatment daily, providing retraining, coaching and corrective action, as needed, to ensure that individuals supported are provided a continuous active treatment program in accordance with the treatment plan.

Responsible: Treatment Program Manager/Occupational Therapist
Date of Completion: 5/15/19 and ongoing