				1/20/19	PRINTED FORM): 07/17/2019 APPROVED
STATEMEN	TMENT OF INSPECT NT OF DEFICIENCIES N OF CORRECTION	TIONS AND APPEALS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE	E SURVEY PLETED
		280422	B. WING			C 1 0/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	<u> </u>	
PENN CI		2237 245T DELHI, IA	TH STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
R 000	Initial Comments		R 000		<u></u>	
	The following deficient investigation of Con	iencies were cited during the mplaint 83189-C.				
R 834	481-57.22(3)c Orier	ntation and Service Plan	R 834			
	admission, the admi administrator's desig resident, the resider interdisciplinary tear works with or serves written, individualize plan for the resident developed and imple resident's priorities a activities of daily livit	ignee, in conjunction with the ent's responsible party, the am, and any organization that es the resident, shall develop a ed, and integrated service at. The service plan shall be lemented to address the and assessed needs, such as ing, rehabilitation, activity, and emotional, physical and				
	delete goals and obj needs change. Com service plan change condition shall occur the change and shal individuals inside an facility who work with	should be modified to add or ojectives as the resident's nmunications related to es or changes in the resident's or within five working days of all be conveyed to all nd outside the residential care th the resident, as well as to onsible party. (I, II, III)				
	by: Based on interview a failed to modify servi	NT is not met as evidenced and record review, the facility vice plans as needs changed reviewed (Residents #2 and		Pland Count is attached DD-	~~ 8/16)]	9

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATE FORM

DEPARTMENT OF INSPECTIONS AND APPEALS

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		280422	B. WING		C 06/10/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE	<u> </u>	0/2010
PENN CENTER 2237 245 DELHI, IA		TH STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
R 834	Continued From page 1		R 834			
	#4). Findings follow:					
	3/15/18 with a diag schizophrenia. A re Progress Notes on following. - On 1/21/19, Res the hallways, agital was in and out of o went into a female one point, Residen demanding to know threatening to assa - Staff A and Staff 1/22/19 to address before. Resident # concerns brought u would continue to r - A note on 2/16/ continued to walk t - On 2/23/19 it wa the halls at night go they sleep. He stoo sometimes leaning residents were ups - A note on 3/16/ Resident #2 chasin dining room. - On 3/17/19, Res over the same fem - Resident #2 wa gibberish and enter - He was seen wa twice on 4/15/19. - An update on 4, paced the hallways rooms, touching ev	f B met with Resident #2 on what occurred the night 2 denied many of the up by staff. Staff A noted she nonitor the situation. 19 revealed Resident #2 he halls all night. as noted Resident #2 roamed bing into others' rooms while od over peers as they slept, over close to their face. Other et with Resident #2. 19 documented staff witnessed og a female peer down to the sident #2 was seen hovering				

DIVISION OF HEALTH FACILITIES - STATE OF IOWA STATE FORM

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If continuation sheet 2 of 15

DEPARTMENT OF INSPECTIONS AND APPEALS

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY
		200422	B. WING			
		280422			06/1	0/2019
			TH STREET	STATE, ZIP CODE		
PENN CI	ENTER	DELHI, IA				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
R 834	Continued From pa	ge 2	R 834			
		night roaming the hallways. ndency to go (sneak) into the	1			
		PM Staff C confirmed she at #2 had been entering other ms.				
	During an interview with Staff D on 5/29/19 at 2:20 PM, she reported hearing Resident #2 had been found in Resident #6's room performing oral sex on him. On 5/29/19 at 11:40 AM,. Resident #7 reported waking up one night about a week earlier to find Resident #2 touching his penis. Resident #7 did not report this to staff.					
		service plan dated 4/25/19 ss him entering other				
	2/6/18. He was dia personality disorder review of Interdiscip for Residents #3, #4 the following: - On 3/2/19, Staff (former resident) tel here for awhile. I'm roommates molest of - A note dated 3/1 #4's roommates had Resident #4 being in by saying inappropr arms around Reside #3's bed. Resident	s admitted to the facility on gnosed with antisocial and mood disorder. A blinary Team Progress Notes and C-1 on 5/29/19 revealed F overheard Resident C-1 I his dad, "I have to get out of sick of watching my each other." 8/19 documented Resident d several complaints of nappropriate with Resident #3 iate sexual things, putting his ent #3 and laying on Resident C-1 had also complained of nappropriate towards				

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If continuation sheet 3 of 15

DEPARTMENT OF INSPECTIONS AND APPEALS

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMP	SURVEY
		280422	B. WING			
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/1	0/2019
PENN C	ENTER		TH STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
R 834	Resident #3. Staff Resident #4 about stop. - Staff D approact and asked if Reside inappropriately and behaviors had stop - Staff D noted or by Resident #3 about inappropriate toward around him. When Resident #4, he wat his arms around Res Resident #4, he wat his arms around Res Resident #4 that wat needed to stay in h hands to himself. R "please do somethit long." - Staff A and Staff his interactions with The note document roommate that had Resident #4's roug more than what he staff had also expres #4's comments on the meeting, Staff A Resident #4 to be r personal space and to stop. - On 4/15/19 Staff female resident wh and kissed her with addressed the behat Another female res same night and sait to kiss her but she - On 4/21/19, Staff	D noted she talked with the behavior and he said he'd hed Resident #3 on 3/21/19 ent #4 continued to touch him Resident #3 said the ped. 3/25/18 she was approached but Resident #4 being ds him and putting his arms Staff D went to talk with is in the middle of trying to put esident #3. Staff D told as inappropriate and he is own area and keep his esident C-1 asked Staff D to ng. It's been going on too T B met with Resident #4 about in staff and peers on 4/9/19. ted Resident #4 has had a expressed concern over inhousing and touching him felt was appropriate. Multiple essed concern with Resident staffs' appearances. During and Staff B reminded espectful of his peers' d to stop if someone tells him D was approached by a o said Resident #4 walked up out her permission. Staff D avior with Resident #4. ident came to Staff D later the d Resident #4 had attempted	R 834			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA STATE FORM

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DEPARTMENT OF INSPECTIONS AND APPEALS

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		280422	B. WING			C 10/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
PENN CE	NTED	2237 245	TH STREET			
		DELHI, IA	52223			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETI DATE
R 834	Continued From pa	ge 4	R 834			
	Resident #3's bed r out of Resident #3's sat down at that tim to discuss this furth On 5/6/19, the Adm met with Resident #3 "inappropriate roug stop. Resident #4 within the facility. When interviewed of Resident C-1 report things such as hugg Resident #3. He als humping Resident # times." Resident C- were unwanted. Re seeing Resident #4	a #3, #8 and C-1) and saw ocking. Resident #4 jumped a bed and claimed he had just be and claimed he had just e. Staff E said he would need er with Staff A and Staff B. inistrator, Staff A and Staff B 44 after learning that Resident had continued with the h-housing" despite direction to was moved to another room on 5/28/19 at 10:40 AM teed seeing Resident #4 do ging, kissing and hitting to was aware of Resident #4 43 in his bed about "ten -1 believed these actions sident C-1 also reported hug Resident #8 about 5 eved this touching was				
	Resident #4 got into night and "grinded o pulled down. Reside not like this because Resident #4 to stop. #4 got into his (Resi times" and rubbed h did not tell anyone a #4 because he belie On 5/28/19 at 4:20 f Resident #4 got in h Resident #3 said Re when he was almos	AM Resident #8 reported b Resident #3's bed every on him" with his underwear ent #8 knew Resident #3 did e Resident #3 would tell . Resident #8 said Resident ident 8's) bed "a couple his body on him. Resident #8 about the actions of Resident eved Resident #4 was "sick." PM, Resident #3 reported his bed more than fifty times. esident #4 got into his bed t asleep. He described ghing almost 260 pounds and				

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DEPARTMENT OF INSPECTIONS AND APPEALS

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		280422	B. WNG			
NAME OF	PROVIDER OR SUPPLIER		l	TATE, ZIP CODE	06/1	0/2019
	ENTER	2237 2451 DELHI, IA	H STREET 52223			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
R 834	being too big to pus #4 did things like gu against him and ge #3 said he did not I touched him in a se believed Resident # sexual manner. When interviewed of Resident C-3 (form "fondled" on two oc against his will. Re complained to staff Resident C-3 said I room in the facility # to Staff B. On 5/29/19 at 2:20 #4 had touched res permission in a sex reported to her Res "too far" but he late Resident C-1 also n Residents #3 and # Resident #4 had m many female staff. C-3 wanting to swit #4 was acting in a s C-4. On 5/29/19 at 9:52 (DON) said Staff D Resident #3 was up trying to hump him. visited with Residen DON described Re concerned about th said things were not	sh off him. He stated Resident rind on him, rub his testicles t naked in the bed. Resident ike it when Resident #4 exual manner. Resident #3 #8 was also touched in a on 5/30/19 at 10:10 AM er resident) reported being ecasions by Resident #4				

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DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		280422	B. WING		C 06/10/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PENN CI	ENTER	2237 2451 DELHI, IA	H STREET 52223			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	E
R 834	reported seeing Re Resident #3's bed of found Resident #4 if the bed was "rockin #4 "preys on the qu Resident #4 was inf PM. He confirmed and #8 in a way the said he had lived at He was bored there the other residents. doing "inappropriate people in the groin a Resident #4 said he #3's bed about thirty shared a room. He #3's bed from one to things and making i Resident #4 said he not like these things would tell him to get pointed out Resider "ward it off." Reside #8 hugs, an occasio Resident #8's bed of "wasn't into it" and of attention. He denied in a sexual manner. Resident #4's service not updated to addr "unhealthy/inapprop comments" until 5/7	an 5/28/19 at 4:15 PM Staff H sident #4 shirtless on one or two times. She also in Resident #3's bed once and ag." Staff H stated Resident iet ones." terviewed on 5/29/19 at 12:50 he had touched Residents #3 by did not want. Resident #4 the facility for over a year. and tired with horseplay with Resident #4 then turned to a things" such as punching and exposing himself once. believed he got in Resident y times in the five months they said he would be in Resident of five minutes doing sexual nappropriate movements. was aware Resident #3 did s because after awhile he toff. Resident #4 also at #3 did not do anything to nt #4 said he gave Resident on the said Resident #8 did not want his sexual d touching any other residents ce plan, dated 2/21/19, was ess his oriate sexual gestures and (19.	R 834			
	3. On 5/30/19 at 9:2	5 AM the Administrator, Staff				

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DEPARTMENT OF INSPECTIONS AND APPEALS

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		COM	E SURVEY PLETED	
		280422	B. WING	······································		C 06/10/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PENN CENTER 2237 2451		TH STREET					
PENNU		DELHI, I	A 52223				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
R 834	Continued From pa	ige 7	R 834				
	A and Staff B confir updated as needs o	med service plans were not changed.					
R1024	481-57.34(3)c Safe	ty	R1024				
	residential care faci the provision and m	afety. The licensee of a ility shall be responsible for naintenance of a safe sidents and personnel. (I, II, III)					
	57.34(3) Resident s	safety.					
	to ensure against h	eceive adequate supervision azard from themselves, i in the environment. (I, II, III)					
	by: Based on interview failed to adequately former residents re-	NT is not met as evidenced and record review the facility supervise 2 of 13 current and viewed in order to keep all sidents #2 and #4). Findings	4				
	3/15/18 with a diag schizophrenia. A re	s admitted to the facility on nosis of disorganized eview of Interdisciplinary Team 5/29/19 revealed the	1				
	- On 1/21/19, Res down the hallways, redirect. He was in rooms. He went int several times. At o	sident #2 was seen up and agitated, very hard to and out of other consumer's to a female peer's room one point, Resident #2 came to					
	queer is" threatenir - Staff A and Staff	emanding to know where "that ng to assault the resident. f B met with Resident #2 on what occurred the night					

DEPARTMENT OF INSPECTIONS AND APPEALS

	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		с
280422 B. WING		06/10/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST	TATE, ZIP CODE	
PENN CENTER 2237 245TH STREET DELHI, IA 52223		
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESIDPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIXTAGREGULATORY OR LSC IDENTIFYING INFORMATION)TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
R1024 Continued From page 8 R1024 before. Resident #2 denied many of the concerns brought up by staff. Staff A noted she would continue to monitor the situation. - A note on 2/16/19 revealed Resident #2 continued to walk the halls all night. - On 2/23/19 it was noted Resident #2 roamed the halls at night going into others' rooms while they sleep. He stood over peers as they slept, sometimes leaning over close to their face. Other residents were upset with Resident #2. - A note on 3/16/19 documented staff witnessed Resident #2 chasing a female peer down to the dining room. - On 3/17/19, Resident #2 was seen hovering over the same female peer. - Resident #2 was walking the halls, talking gibberish and entering peers' rooms on 4/1/19. - He was seen walking into a male peer's room twice on 4/15/19. - An update on 4/27/19 noted Resident #2 often paced the hallways, going in and out of peers' rooms, touching everything on the walls. - A note on 5/9/19 identified Resident #2 would stay up most of the night roaming the hallways. "He does have a tendency to go (sneak) into the rooms of others." On 5/29/19 at 2:47 PM Staff C confirmed she was aware Resident #2 had been entering other male residents' rooms. During an interview with Staff D on 5/29/19 at 2:20 PM, she reported hearing Resident #7 peorted waking up one night about a week earlier to find Resident #2 touching his penis. Resident #7 reported waking up one night about a week earlier to find Resident #2 touching his penis. Resident #7 did		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA STATE FORM

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If continuation sheet 9 of 15

DEPARTMENT OF INSPECTIONS AND APPEALS

280422 9. WING C 06/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2237 245714 STREET DELHI, IA 52233 DOUT SUMMARY STREMENT OF DEFCIENCISE DELHI, IA 52233 DECNOBER OF AN OF CORRECTION & CORRECTION		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
2237 245TH STREET DELHI, IA 52223 CMUID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH ORRECTION STATEMENT OF DEFICIENCIES (EACH ORRECTION ECT DETICIENCIES TAG PROVIDER'S PLAN OF CORRECTION (EACH ORRECTION ECT DETICIENCIES TAG COMPLETE (EACH ORRECTIVE ACTION SHOULD BE PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE ORDES-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY R1024 Continued From page 9 not report this to staff. R1024 R1024 DEFICIENCY Complete DEFICIENCY Complete DEFICIENCY R1024 Continued From page 9 not report this to staff. R1024 R1024 Figure 4000000000000000000000000000000000000			280422	B. WING			
PPEND CENTER DELHI, IA 52223 (X4)10 PREFIX SUMMARY STATEMENT OF DEPENDENCES (EXC) DEPENDENCY MOST PREPENDENCES (EXC) DEPENDENCES (EXC) D	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Přěčív TAG (EACH DOBFICIENCY MUST BE PŘECEDED BY FULL REGULTORY OR LSCIDENTIFYING INFORMATION) Přěčív TAG (EACH CORRECTIVA CATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Construct A prevo should be cross-REFERENCE TO THE APPROPRIATE DEFICIENCY) Construct A prevo should be cross-REFERENCE TO THE APPROPRIATE DEFICIENCY) Construct A prevo DEFICIENCY) R 1024 Continued From page 9 not report this to staff. R 1024 R 1024 2. Resident #4 was admitted to the facility on 2/6/18. He was diagnosed with antisocial personality disorder and mood disorder. A review of Interdisciplinary Team Progress Notes for Resident #3, #4 and C-1 on 5/29/19 revealed the following: - On 3/2/19, Staff F overheard Resident C-1 (former resident) tell his dad, "I have to get out of here for awhile. I'm sick of watching my roommates molest each other." - A note dated 3/18/19 documented Resident #4 southing, putting his arms around Resident #3 and laying on Resident #3 bed. Resident #4 being inappropriate ovards Resident #3. Staff D noted she talked with Resident #4 about the behaviorar had sakid ff Resident #3 said the behaviorar had stopped. - Staff D approached Resident #3 said the behaviors had stopped. - Staff D noted on 3/25/18 she was approached by Resident #4 about his arms around Resident #4 sout his interactions with staff and peers on 4/9/19.	PENN CI	PENN CENTER					
 not report this to staff. 2. Resident #4 was admitted to the facility on 2/6/18. He was diagnosed with antisocial personality disorder and mood disorder. A review of Interdisciplinary ream Progress Notes for Residents #3, #4 and C-1 on 5/29/19 revealed the following: On 3/2/19, Staff F overheard Resident C-1 (former resident) tell his dad, "I have to get out of here for awhile. I'm sick of watching my roommates molest each other." A note date 3/18/19 documented Resident #3 by saying sexual things, putting his arms around Resident #4 being inappropriate with Resident #3 by saying sexual things, putting his arms around Resident #3 and laying on Resident #3 bed. Resident #3 held be talked with Resident #4 being inappropriate towards Resident #4 bout the behavior and he said he'd stop. Staff D noted on 3/25/18 she was approached by Resident #3 about Resident #3 said the behaviors had stopped. Staff D noted on 3/25/18 she was approached by Resident #3 about Resident #3. Staff D to 1% Dease do something. It's been going on too long." Staff A and Staff B met with Resident #4 about his interactions with staff and person and he ade he needed to staff to him see and keep his hands to himself. Resident #4 about his interactions with staff and person at 4/9/19. 	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
	R1024	not report this to sta 2. Resident #4 was 2/6/18. He was dia personality disorder review of Interdiscip for Residents #3, # the following: - On 3/2/19, Staff (former resident) ter here for awhile. I'm roommates molest - A note dated 3/1 #4's roommates ha Resident #4 being in by saying sexual th Resident #3 and lange Resident C-1 had #4 being inappropriate the behavior and here - Staff D noted she tag the behaviors had stop - Staff D noted or by Resident #3 abco inappropriate toward around him. When Resident #4, here his arms around Resident - Staff A and Staff his interactions with	aff. aff. a admitted to the facility on ignosed with antisocial r and mood disorder. A blinary Team Progress Notes 4 and C-1 on 5/29/19 revealed F overheard Resident C-1 II his dad, "I have to get out of n sick of watching my each other." 18/19 documented Resident d several complaints of inappropriate with Resident #3 ings, putting his arms around ying on Resident #3's bed. also complained of Resident iate towards Resident #3. alked with Resident #4 about e said he'd stop. hed Resident #3 on 3/21/19 ent #4 continued to touch him Resident #3 said the ped. 0 3/25/18 she was approached but Resident #4 being rds him and putting his arms Staff D went to talk with is in the middle of trying to put esident #3. Staff D told as inappropriate and he is own area and keep his resident C-1 asked Staff D to ng. It's been going on too F B met with Resident #4 about n staff and peers on 4/9/19.				

DEPARTMENT OF INSPECTIONS AND APPEALS

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE COMP	SURVEY	
		280422	B. WING			C 06/10/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	<u> </u>	0/2010	
PENN CENTER 2237 245 DELHI, IA		TH STREET 52223					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
R1024	roommate that had Resident #4's rough more than what he staff had also expre #4's comments on a the meeting, Staff A Resident #4 to be r personal space and to stop. - On 4/15/19 Staff female resident whi and kissed her with addressed the beha Another female resident whi addressed the beha Another female resident star to kiss her but she - On 4/21/19, Staff room (which he sha including Resident #3's sat down at that tim to discuss this furth On 5/6/19, the Adm met with Resident # #4 and Resident # within the facility. When interviewed of Resident C-1 report things such as hugg Resident #3. He als humping Resident # times." Resident #	expressed concern over hhousing and touching him felt was appropriate. Multiple essed concern with Resident staffs' appearances. During and Staff B reminded espectful of his peers' d to stop if someone tells him D was approached by a o said Resident #4 walked up out her permission. Staff D avior with Resident #4. ident came to Staff D later the d Resident #4 had attempted	R1024				

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	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	ECONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BOILDING			2
		280422	B. WING		-	0/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PENN C	ENTER	2237 2451 DELHI, IA	TH STREET 52223			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
R1024	unwanted. Residen overheard him tell k activity occurring be nurse said she didn reported telling a st #4's actions on ano was ignored. Resid he made this report the report. On 5/29/19 at 8:45 Resident #4 got into night and "grinded of pulled down. Resid not like this becaus Resident #4 to stop #4 got into his (Resident) did not tell anyone at #4 because he below On 5/28/19 at 4:20 Resident #4 got in h Resident #3 said Resident #3 said Resident when he was almost Resident #4 as weil being too big to pus #4 did things like gr against him and get #3 said he did not lif touched him in a se believed Residents sexual manner. Resident #4 to his parents with When interviewed of Resident C-3 (form	ge 11 t C-1 stated a nurse his dad about the sexual etween his roommates but the i't want to hear about it. He aff member about Resident ther date but felt his allegation dent C-1 was unsure of whom t to or on what date he made AM Resident #8 reported b Resident #3's bed every on him" with his underwear ent #8 knew Resident #3 did e Resident #3 would tell b. Resident #8 said Resident ident 8's) bed "a couple his body on him. Resident #8 about the actions of Resident eved Resident #4 was "sick." PM, Resident #3 reported his bed more than fifty times. esident #4 got into his bed st asleep. He described ghing almost 260 pounds and sh off him. He stated Resident ind on him, rub his testicles t naked in the bed. Resident ke it when Resident #4 exual manner. Resident #3 #8 was also touched in a sident #3 believed Resident ho then notified staff. on 5/30/19 at 10:10 AM er resident) reported being casions by Resident #4	R1024			
DIVISION OF	F HEALTH FACILITIES - S	STATE OF IOWA				

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If continuation sheet 12 of 15

DEPARTMENT OF INSPECTIONS AND APPEALS

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE R1024 Continued From page 12 R1024 R1024 R1024 against his will. Resident C-3 said he complained to staff about this, specifically Staff B. Resident C-3 said he was switched to another room in the facility after he reported the behavior to Staff B. R1024 When interviewed on 6/20/19 at 4:12 PM. Staff B said Resident C-3 did report to her he was not comfortable with the relationship between Resident #4 and Resident C-4 and wanted to switch rooms. Staff B believed Resident #4 and Resident C-3 being fondled by Resident C-4 had a friendship. She denied knowledge of Resident C-3 being fondled by Resident #4. On 5/29/19 at 2:20 PM Staff D reported Resident #4 had touched resident #4 is touching had gone "too far" but he later denied anything happened. Resident #4 had made sexual comments to many female staff. Staff D did recall Resident C-3 wanting to switch rooms because Resident #4 was acting in a sexual manner to Resident #4 was On 5/29/19 at 9:52 AM the Director of Nursing (DON) said Staff D came to her and said Resident #4 was On 5/29/19 at 9:52 AM the Director of Nursing (DON) said Staff D came to her and said Resident #4 was On 5/29/19 at 9:52 AM the Director of Nursing (DON) said Staff D came to her and said Resident #4 was On 5/29/19 at 9:52 AM the Director of Nursing (DON) said Staff D came to her and said Resident #4 was On 5/29/19 at 9:52 AM the Director of Nursing (DON) said Staff D came to her and said Resident #4 was On 5/29/19 at 9:52 AM the Director of Nursing (DON) said Staff D came to her and said Resident #4 was On 5/29/19 at 9	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PEINN CENTER 2237 243TH STREET DELHI, IA 52223 CMUID PREFX SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (EACH OFFICENCY MUST BE PRECEDED BY FULL PREFX D PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (EACH OFFICENCY DATA OF TO THE APPROPRIATE DEFICIENCY) 059 COMPLET TAG R1024 Continued From page 12 against his will. Resident C-3 said he complained to staff about this, specifically Staff B. Resident C-3 said ne was switched to another room in the facility after he reported the behavior to Staff B. R1024 When interviewed on 6/20/19 at 4:12 PM. Staff B said Resident C-3 did report to her he was not comfortable with the relationship between Resident #4 and Resident C-4 and wanted to switch rooms. Staff B believed Resident #4 and Resident #4 and a friendship. She denied knowledge of Resident swithout their permission in a sexual manner. Resident #3 had reported to her Resident #4 souching had gone "too far" but he later denied anything happened. Resident #4 had made sexual comments to many female staff. Staff D did recall Resident C-3 wanting to switch rooms because Resident #4 was acting in a sexual manner to Resident			280422	B. WING				
PPENN CENTER DELHI, IA 52223 (%1)D PREFIX ISUMMARY 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) (%5) (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R1024 Continued From page 12 against his will. Resident C-3 said he complained to staff about this, specifically Staff B. Resident C-3 aid he was switched to another room in the facility after he reported the behavior to Staff B. R1024 When interviewed on 6/20/19 at 4:12 PM. Staff B said Resident C-3 did report to her he was not comfortable with the relationship between Resident #4 and Resident C-4 and wanted to switch rooms. Staff B believed Resident #4 and Resident #4. Staff D reported Resident that a friendship. She denied knowledge of Resident C-3 being fondled by Resident #4. Staff D reported Resident that a louched resident C-3 being fondled by Resident #4. On 5/29/19 at 2:20 PM Staff D reported Resident that had louched residents without their permission in a sexual manner. Resident #3 had reported to her Resident #4 to and sexual comments to many female staff. Staff D di recall Resident tC-3 wanting to switch rooms because Resident #4C-4. On 5/29/19 at 9:52 Am the Director of Nursing (DON) said Staff D came to her and said Resident #3 was upset because Resident #4 was	NAME OF	PROVIDER OR SUPPLIER	STREET AD					
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trying to hump him. The DON and Staff A then visited with Resident #3 about his reports. The DON described Resident #3 as not overly concerned about the actions of Resident #4. He said things were no big deal and when Resident #3 was given the option of switching rooms, he did not want to do so. On 5/29/19 at 10:08 AM Staff G reported being	R1024	complained to staff about this, specifically Staff B. Resident C-3 said he was switched to another room in the facility after he reported the behavior to Staff B. When interviewed on 6/20/19 at 4:12 PM. Staff B said Resident C-3 did report to her he was not comfortable with the relationship between Resident #4 and Resident C-4 and wanted to switch rooms. Staff B believed Resident #4 and Resident C-4 had a friendship. She denied knowledge of Resident C-3 being fondled by Resident #4. On 5/29/19 at 2:20 PM Staff D reported Resident #4 had touched residents without their permission in a sexual manner. Resident #3 had reported to her Resident #4's touching had gone "too far" but he later denied anything happened. Resident C-1 had also reported concerns with Residents #3 and #4 having sex together. Resident #4 had made sexual comments to many female staff. Staff D did recall Resident C-3 wanting to switch rooms because Resident #4 was acting in a sexual manner to Resident #4 was acting in a sexual manner to Resident #4 was acting in a sexual manner to Resident #4 was trying to hump him. The DON and Staff A then visited with Resident #3 as not overly concerned about the actions of Resident #4. He said things were no big deal and when Resident #3 was given the option of switching rooms, he did not want to do so.		R1024				

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If continuation sheet 13 of 15

DEPARTMENT OF INSPECTIONS AND APPEALS

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO THE APPROPRIATE DATE R1024 Continued From page 13 R1024 R1024 </th <th colspan="2">STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</th> <th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th> <th colspan="2">(X2) MULTIPLE CONSTRUCTION A. BUILDING:</th> <th colspan="2">(X3) DATE SURVEY COMPLETED</th>	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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aware Staff J heard Resident C-1 tell his father he wanted to get out of the facility because his roommates were molesting each other. Staff G stated all residents knew they were not allowed to be on each other's beds. Early in May, Staff G believed Resident C-1's mother called the facility to report her son's roommates were molesting each other. Staff G also believed discharged residents C-3 and C-5 had both asked to have their room assignments changed due to concerns about sexual activities going on between Resident #4 and Resident C-4. When interviewed on 5/28/19 at 4:15 PM Staff H reported seeing Resident #4 shirtless on Resident #4 in Resident C-4. When interviewed on 5/29/19 at 10:35 AM, Staff I reported seeing aware Staff C took a call from the mother of Resident #4 toward other residents. During an interview on 5/29/19 at 10:35 AM, Staff I reported being aware Staff J reported hearing Resident #4 in OP Staff J reported hearing Resident #4 in OP Staff J reported hearing Resident C-1 tell his dad something wrong was going on with his roommates and he had to get out of the facility. During an interview with the complainant on 5/29/19 at 3:45 AM, he/she recalled reporting concerns regarding Resident #4 to a nurse at the facility. The complainant sid the nurse stated she could not comment on the reports due to privacy concerns, but told the complainant six times that the issues with Resident #4 were not	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
nappening.	R1024	aware Staff J heard he wanted to get ou roommates were m stated all residents to be on each other believed Resident (to report her son's i each other. Staff G residents C-3 and (their room assignm about sexual activit Resident #4 and Re When interviewed of reported seeing Re Resident #3's bed of found Resident #4 the bed was "rockin #4 "preys on the qu During an interview I reported being aw the mother of Resid about the actions of residents. On 5/28/19 at 4:00 Resident C-1 tell hi going on with his ro out of the facility. During an interview 5/29/19 at 8:45 AM concerns regarding facility. The compla she could not comr privacy concerns, b	A Resident C-1 tell his father ut of the facility because his polesting each other. Staff G knew they were not allowed 's beds. Early in May, Staff G C-1's mother called the facility roommates were molesting also believed discharged C-5 had both asked to have ents changed due to concerns ies going on between esident C-4. on 5/28/19 at 4:15 PM Staff H sident #4 shirtless on one or two times. She also in Resident #3's bed once and ng." Staff H stated Resident liet ones." o on 5/29/19 at 10:35 AM, Staff rare Staff C took a call from dent C-1 making complaints f Resident #4 toward other PM Staff J reported hearing s dad something wrong was bommates and he had to get with the complainant on , he/she recalled reporting Resident #4 to a nurse at the inant said the nurse stated nent on the reports due to but told the complainant six				

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DEPARTMENT OF INSPECTIONS AND APPEALS STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING 06/10/2019 280422 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2237 245TH STREET PENN CENTER **DELHI, IA 52223** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R1024 Continued From page 14 R1024 Resident #4 was interviewed on 5/29/19 at 12:50 PM. He confirmed he had touched Residents #3 and #8 in a way they did not want. Resident #4 said he had lived at the facility for over a year. He was bored there and tired with horseplay with the other residents. Resident #4 then turned to doing "inappropriate things" such as punching people in the groin and exposing himself once. Resident #4 said he believed he got in Resident #3's bed about thirty times in the five months they shared a room. He said he would be in Resident #3's bed from one to five minutes doing sexual things and making inappropriate movements. Resident #4 said he was aware Resident #3 did not like these things because after awhile he would tell him to get off. Resident #4 also pointed out Resident #3 did not do anything to "ward it off." Resident #4 said he gave Resident #8 hugs, an occasional butt slap and was in Resident #8's bed once. He said Resident #8 "wasn't into it" and did not want his sexual attention. He denied touching any other residents in a sexual manner. During an interview with the Administrator, Staff A and Staff B on 5/30/19 at 9:25 AM, they denied being aware of the extent of the actions of Residents #2 and #4. DIVISION OF HEALTH FACILITIES - STATE OF IOWA

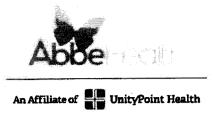
DIVISION OF HEALTH FACILITIES - STATE OF IOWA STATE FORM

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If continuation sheet 15 of 15

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Penn Center, Inc.

Residential Care Facility 2237 245th St. Deihi, IA 52223 (563) 922-2881 FAX: (563) 922-2003

abbehealth.org

Penn Center RCF DIA Incident Number FC # 7009 Plan of Correction

- 1. Retrain staff on ISP Addendum Policy by July 31, 2019.
- 2. Update Resident Incident Report Form and retrain staff on Incident Reporting Policy and form update by August 16, 2019.
- 3. Implement a training program for residents and staff regarding Relationships and Sexuality and Sexual Abuse Prevention. This training will be completed routinely throughout the year to capture new admissions and keep staff up to date. The training Attendance Sheets will be monitored at least quarterly by the Administrative Assistant to ensure staff and residents are receiving the training. This initial training will be completed with residents by August 2, 2019 and with staff by August 16th.

Angela Gudenkauf, Administrator

7-110-20

Date

Va120/19

Abbe Center for Community Mental Health | Associates for Behavioral Healthcare | Aging Services | Chatham Oaks | Penn Center

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