

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

2/3/20 OK  
1/31/20

PRINTED: 01/06/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16G017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/31/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COURAGE HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5945 MORNINGSIDE AVENUE</b> <b>SIOUX CITY, IA 51106</b>		
(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  The investigation of incident #86463-I and #86832-I were conducted 10/29/19 - 10/31/19.  As a result of the investigation of #86463-I, a deficiency was written at W153.  As a result of the investigation of #86832-I, a deficiency was written at W368.	W 000	See attached POC 1/13/20		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.  This STANDARD is not met as evidenced by: Based on interview and record review, facility staff failed to immediately report an allegation of client mistreatment and/or abuse to the supervisor/administrator, per facility policy. This affected 1 of 1 client (Client #1) involved in the investigation of #86463-I. Finding follows:  Record review on 10/29/19 revealed a facility internal investigation, initiated 10/8/19. The internal investigation noted on 10/8/19 Cook A reported to the Administrator on 10/6/19 at approximately 5:20 a.m. Client #1 had been banging his head so he assisted Residential Living Assistant (RLA) A to get Client #1 off the floor. Co A said RLA B entered the living room and picked up Client #1 from a chair, commented she was not playing his game, and walked Client	W 153			

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

TITLE

(X6) DATE

Traci Llanos Adm

1/22/2020

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 153	<p>Continued From page 1</p> <p>#1 toward his bedroom.</p> <p>Additional record review revealed Client #1 was 35 years old and had resided at the facility since 10/24/89. Client #1 was diagnosed with but not limited to a severe intellectual disability, bilateral sensorineural hearing loss, seizure disorder, microcephaly, asthma, and osteoporosis. Client #1 had an Individual Program Plan (IPP) in place to address inappropriate night-time behaviors which included self-injurious behaviors and disruptive behaviors. The IPP instructed staff to sign "stop" and block any self-injurious behaviors. If Client #1 left his room during the night, staff were to sign "bed" and assist him to bed. Staff were to sit outside his door for fifteen minutes when he first retired to bed. If Client #1 attempted to leave his bedroom or engaged in self-injurious behaviors, staff were to redirect him back to bed. Throughout the night, if Client #1 attempted to leave his room, staff were to go to his room, direct him back to bed, and sit outside of his bedroom for five minutes. If Client #1 continued to attempt to leave his bedroom, staff were to continue to direct Client #1 back to his bedroom and after ten minutes, staff were to monitor outside his door. Restrictions utilized in conjunction with the IPP included the use of a bedroom door alarm, a window alarm, his bathroom door was locked, and the sink water was able to be shut off.</p> <p>When interviewed on 10/29/19 at approximately 1:20 p.m., the Administrator confirmed Cook A did not immediately report concerns of client mistreatment and/or abuse per facility policy. The Administrator explained Cook A did not report the concerns until 10/8/19, two days after the incident occurred.</p>	W 153			

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W 153	<p>Continued From page 2</p> <p>When interviewed on 10/30/19 at 9:15 a.m., Cook A said on 10/6/19 at approximately 5:20 a.m. Client #1 was running from RLAA and then dropped to the ground and started to bang his head. Cook A said he assisted RLAA to get Client #1 off the floor and walked with Client #1 to the living room; Client #1 sat in a recliner. Cook A said RLA B then entered the living room, "snatched" Client #1 up and said she was not "playing his damn game this morning." Cook A said RLA B then walked behind Client #1, with her hand on his back, toward his bedroom. Cook A explained RLA B grabbed Client #1 by the shirt/shoulder area when she "snatched" Client #1 up; Client #1 stood up by himself and walked toward his bedroom while RLA B walked behind him. Cook A said he reported the incident to his supervisor later on 10/6/19. When asked if supervisors worked on the weekend, Cook A said his supervisor did not work so he must have reported the incident the following day on 10/7/19.</p> <p>Review of facility policies revealed the "Mid-Step Services Inc. Child and Dependent Adult Abuse Policy," last revised 8/2/17. The policy instructed, "staff are required to report any incident or situation in which they reasonably believe the member has suffered abuse or mistreatment. If an employee of Mid-Step Services witnesses an incident, has a suspicion, or reasonably believes a member has suffered abuse, the employee is required to take immediate steps to ensure that the suspected abuse is stopped, then report directly to the administrator, supervisor, on-duty administrator, and the appropriate regulatory agency ..." The policy continued to instruct, "All employees are required to report any apparent abuse or mishandling of members. Reports are to</p>	W 153			

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W 153	Continued From page 3  be immediately after they occurred or the staff member became aware of the incident. Reports of suspected abuse must be made immediately to both the supervisor/administrative officer and to the appropriate regulatory department ...".  Review of the "Reporting and Investigation (ICF/ID)," dated 5/11/18, instructed all employees were required to report any suspected abuse or mishandling of a client immediately after the incident or becoming aware of the incident to the supervisor/administrative officer.	W 153			
W 368	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure all medications were given in accordance with Physician Orders. This affected 1 of 1 client (Client #2) involved in the investigation of #86832-I. Finding follows:  Record review on 10/29/19 revealed a facility internal investigation, initiated 10/11/19. The internal investigation noted on 10/11/19 during the 8:00 p.m. medication pass, Licensed Practical Nurse (LPN) A gave Client #2, Client #3's medication. Client #2 was prescribed rantidine 150 milligrams (mg), calcium carbonate/D 600/400mg, Miralax 30cc in water, liquid ferrous sulfate 220mg, and Clozaril 25 mg at the 8:00 p.m. medication pass but received Keppra 1500 mg, Risperdal 1mg, Trazadone 50mg, Vimpat	W 368			

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W 368	<p>Continued From page 4</p> <p>200mg, Lamictal 300mg, and Potassium Citrate 1080mg. LPN A called the on-call physician who instructed to have Client #2 taken to the Emergency Room by ambulance in case Client #2 would become unstable. At the Emergency Room, labs were drawn and Client #2 was given IV fluids. Client #2 did vomit while at the Emergency Room and was given Zofran and a Compazine suppository. Client #2 remained in the Emergency Room for approximately four hours for observation then returned to the facility. Nursing continued to monitor Client #2 and documented from 10/12/19 - 10/15/19 Client #2 had no further emesis and was acting per her normal self.</p> <p>Continued record review revealed Client #2 was 37 years old and had resided at the facility since 3/18/91. Client #2 was diagnosed with but not limited to an Intellectual Disability, dymorpoic syndrome, status post femoral varus, derotational osteotome, history of a seizure disorder, esophagitis, constipation DUB, and anemia unspecified origin. Client #2 had no programs or procedures in place for medication administration.</p> <p>Additional record review revealed Client #2's Physician Orders, dated 8/1/19 - 10/31/19. The orders instructed Client #2 was to receive Zantac (rantidine) 150 mg, Calcium with Vitamin D (calcium carbonate/D) 600/400mg, Miralax 30cc in water, liquid Ferrouse Sulfate 220mg, and Clozaril 25 mg at the 8:00 p.m. medication pass.</p> <p>Review of Client #3's Physician Orders, dated 8/1/19 - 10/31/19, instructed Client #3 was to receive Trazadone 50 mg, Risperdal 1 mg, Lamictal 300 mg, Potassium Citrate Extended</p>	W 368			

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W 368	<p>Continued From page 5</p> <p>Release 1080 mg, Keppra 1500 mg, and Vimpat 200 mg at the 8:00 p.m. medication pass.</p> <p>When interviewed on 10/30/19 at 1:30 p.m., LPN A reported on 10/11/19 worked the second shift at the facility. She said she finished assisting in the small dining room and went to start the 8:00 p.m. medication pass. LPN A said she went into the medication room and prepared Client #2 and Client #3's medication. She brought the prepared medications out to the clients and assisted Client #2 with taking her medication. She stated as she was getting ready to assist Client #3 with his medication, she realized she had given Client #2, Client #3's medications. LPN A said she kept Client #2 with her and immediately called the on-call doctor. She said the doctor called the pharmacist and poison control then called back to the facility and instructed her to send Client #2 to the Emergency Room, by ambulance in case Client #2 became unstable during transport. LPN A said she went to the Emergency Room and Client #2 was started on IV fluids. She said Client #2 did vomit, on her own, while in the Emergency Room, and was given Zofran and a suppository. Client #2 remained in the Emergency Room for observation for approximately four hours before she was discharged. LPN A said there was no excuse for her medication error. She said the facility had policies and protocols, which she was trained on, to bring each client to the medication room during medication passes and have each client assist with the process. She said in her own mind she thought she needed to get the medication pass completed but said again there was no excuse for the error.</p> <p>Additional record review revealed notes from a Nurses Meeting, dated 5/15/19, which LPN A was</p>	W 368			

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W 368	<p>Continued From page 6</p> <p>in attendance. The meeting notes included instruction to make sure medications were always set-up in front of the client and medications were not to be given to clients in the hallways, dining room, etc. The meeting notes also included the proper medication pass was reviewed during the meeting.</p> <p>Review of facility policies revealed the "ICF/ID Health Care Services: Policies and Procedures," last updated 5/16. The section titled "Medication Administration Procedure" instructed each client was to be an active part of each of their medication passes, each client was to be prompted one at a time to the medication room and were to be prompted to get their own medications and own drink, and each client was to assist with putting their medications away after the medication pass was completed.</p>	W 368			





**January 22, 2020**

**Courage Homes**

**5945 Morningside Ave**

**Sioux City, IA 51106**

**Provider Number 16G017**

OK  
1/30/20

✓  
2/3/20

**Please accept this Plan of Correction:**

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

Responsible: All Administrative Staff

Frequency: On-going

Target: January 13, 2020 (Upon receipt)

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

Responsible: All Administrative Staff

Frequency: On-going

Target: January 13, 2020 (Upon receipt)

**W-368** Mid-Step Services' Health Care Policy & Procedure was reviewed with all nursing staff upon receipt of deficiency. These policies & procedures will be reviewed at least quarterly with all nursing staff. A quarterly training manual was also written to review the medication administration policies and procedures. The DON or RN acting in the absence of the DON will perform medication pass observation "spot checks" at least 2 times per week to ensure policies are being followed. These observations will be turned in to the Administrator weekly to monitor.

Responsible: DON, nurses, Administrator

Frequency: On-going

Target: January 23, 2019

  
Traci Llanos, Administrator

1/22/2020