Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
64.60	**481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319.** **Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, Fining and Citations," to enforce a fine to cite a facility.** **This rule is intended to implement Iowa Code Section 135C.2(3).** **DESCRIPTION:**	**I**	**$4,750.00**	**Upon receipt**
W318	**HEALTH CARE SERVICES** **CFR(s): 483.460** **The facility must ensure that specific health care services requirements are met.** Based on interviews and record reviews, the facility failed to be in minimal compliance with the Condition of Participation (COP) - Health Care Services. The facility failed to consistently provide adequate care and oversight to ensure provision of appropriate health care services to meet client medical needs.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
W331	Cross Reference W331. The facility failed to ensure appropriate nursing assessment, care and follow-up regarding a client showing signs of injury. **NURSING SERVICES** **CFR(s): 483.460(c)** **The facility must provide clients with nursing services in accordance with their needs.** **The facility must provide clients with nursing services in accordance with their needs.** Based on record review and interview, the facility failed to ensure timely and thorough nursing assessments and medical follow up for individuals with ongoing complaints of pain. This affected 2 of 2 sample clients identified during the investigation of #88875-C (Client #1 and Client #2). Finding follows: 1. Review on 1/28/20 of the agency investigation summary dated 12/13/19 revealed Client #1 tripped on 11/21/19 and fell into the Supervisor, on her left side. The Supervisor's right arm was pressed into Client #1's left side when she stumbled. No injuries were			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	noted. According to the investigation, Client #1 complained of "pain in her ribs" to Certified Medication Aide (CMA) A on 11/25/19 and 11/26/19 and received PRN (as needed) over the counter pain medication. Client #1 told staff on 12/05/19 that her side hurt. Staff looked at the area and saw no injuries. Staff assumed Client #1's bra was causing the discomfort. Client #1 complained of pain in her side and didn't want to get out of bed on 12/07/19. Second shift staff notified the on-call nurse, who directed staff to give PRN over the counter pain medication. The same thing occurred on 12/08/19. Client #1 went to the doctor on 12/09/19 and x-rays revealed she had three broken ribs. The injury was not suspected abuse. Because there were no other documented falls or injuries, the facility determined the fractured ribs were likely the result of Client #1 stumbling against the Supervisor on 11/21/19. The facility took disciplinary action with the first shift staff on 12/07/19 who failed to report complaints of pain to the on-call nurse. The facility did not identify lack of timely nursing assessment/follow up as a problem. Additional record review on 1/28/20 revealed Client #1 was a 67 year old female with a diagnosis of moderate intellectual disability,			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	complex seizure disorder, behavior disorder and osteoporosis. Client #1 wore a left ankle foot orthotic and orthopedic shoes to assist with her ambulation. According to her Person Centered Program Plan (PCPP) dated 5/07/19, Client #1 was independent with all transfers and gait, on even and uneven surfaces. She walked community distances without assistive devices. She showed no deficits in strength or balance. According to the PCPP, Client #1 was verbal with the ability to express her needs and wants. There was no indication in the PCPP or any of Client #1's individual programs that she had a history of falsely reporting pain or illness. Record review on 1/28/20 of Client #1's nursing notes revealed no entry between 11/09/19 and 12/04/19. According to the nursing noted written on 12/04/19, Client #1 was acting as usual without any medical needs noted. Registered Nurse (RN) B documented, "No staff reports of changes in demeanor or physical status through this charting period." The next nursing note was dated 1/03/20 and also written by RN B. She wrote, "Staff reported change in physical status on 12/09/19." When on rounds, staff told RN B of left side chest discomfort under the left breast. RN B documented staff reported there were a few complaints of pain over the			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	weekend and Tylenol had been given. The facility took Client #1 to an Urgent Care clinic on 12/09/19. RN B documented Client #1 had tenderness under her left breast and said she fell while bowling. The Urgent Care physician also noted tenderness in the left anterior lower rib area and ordered x-rays, which revealed a fracture of ribs 7,8 and 9. The physician gave orders to apply ice to the area and to give routine doses of over the counter pain reliever for two weeks, followed by PRN (as needed) over the counter pain reliever for four weeks. RN B noted Client #1's pain was well controlled with the pain reliever and she had no further complaints of discomfort. Record review on 1/28/20 revealed Client #1 an Incident Report (IR) dated 11/21/19, noting she fell and the supervisor caught her. No injuries were noted. There were no other IR's regarding any falls or injuries between 11/21/19 and 12/09/19. Additional record review on 3/17/20 revealed the following Incident Reports: a. IR dated 12/05/19 at 8:00 p.m. written by DS E. DS E wrote she was assisting Client #1 with a bath when the client told DS E the area under her left breast hurt. DS E looked at the area and observed dry skin and bra marks. DS E			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	noted she applied some cream to the area. DS E signed the IR on 12/06/19. RN B signed the IR on 12/09/19 at 8:00 a.m. She wrote Client #1 would be evaluated by the doctor. b. IR dated 12/09/19 at 10:00 a.m. written by CMA A. CMA A wrote Client #1 said her left side hurt. CMA A asked Client #1 why her side hurt and Client #1 said she fell when bowling. RN A signed the IR on 12/09/19 at 10:00 a.m. and noted the client saw the doctor. Record review on 3/17/19 revealed a Nursing Communication Log written by DS D, dated 12/08/19 with a time of 5:22 p.m.. DS D wrote Client #1 stated during med pass that she still had pain in the left side of her chest area. DS D notified RN A, who directed DS D to administer Tylenol for pain. The Nursing Follow Up section, signed by RN B. A review of Client #1's Medication Administration Records (MAR) revealed she received doses of PRN (as needed) Acetaminophen as follows: a. 11/25/19 at 2:20 p.m. and 11/26/19 at 8:10 a.m. given by CMA A, with the reason listed as discomfort and results listed as effective. b. 12/07/19 at 4:15 p.m., 12/07/19 at 11:00 p.m. and 12/08/19 at 5:00 p.m. given by DS D, with			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the reason listed as pain and the result noted to be slightly effective. When interviewed on 3/10/20 at 4:55 p.m. Client #1 indicated she recalled the broken ribs, as she touched her left side. When asked what caused the broken ribs, Client #1 said she fell at home, but didn't provide any details. When asked if anyone pushed her, Client #1 said no, she just fell. When interviewed on 1/28/20 at 10:15 a.m. the Supervisor stated he was with some of the clients as they left an activity at a school on the evening of 11/21/19. Client #1 was holding on to the Supervisor's arm when she stumbled. The Supervisor caught Client #1 before she fell to the ground, but she fell hard into his right arm. The Supervisor didn't initially write an IR since Client #1 didn't fall to the ground and didn't complain of any injury. The Supervisor worked at the facility from 11/27/19 through 12/06/19 and didn't recall Client #1 complaining about pain in her left side. He said to his knowledge, Client #1 didn't go bowling on or around 11/21/19. When interviewed on 1/29/20 at 3:45 p.m., Certified Medication Aide (CMA) A said she gave PRN Acetaminophen to Client #1 on			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	11/25/19 and 11/26/19 when the client complained of pain in her left side. The CMA said Client #1 indicated the same area on her left side both times. CMA A saw no injuries, but Client #1's bra was twisted up one of the times. CMA A called RN A both times to get approval to give the PRN pain reliever. When interviewed on 1/28/20 at 2:15 p.m. Developmental Specialist (DS) A said she worked at the facility on first shift of 12/05/19 and 12/06/19 and Client #1 had no complaints of pain. DS A also worked on first shift of 12/07/19. Client #1 stayed in bed and her breathing sounded a little heavy. When DS A asked Client #1 if she was okay, the client pointed to her upper left side and indicated it hurt. DS A told DS B, who was a CMA. DS A assumed DS B would notify the on-call nurse. Client #1 spent most of first shift in her room, primarily in her recliner. She came out for lunch and didn't continually complain of pain. DS A didn't know if DS B gave Client #1 pain reliever. When interviewed on 1/28/20 at 4:00 p.m. DS B confirmed she worked first shift on Saturday, 12/07/19 and Sunday, 12/08/19. She said DS A was assigned to Client #1. DS B said she was aware Client #1 was in her room. She			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	thought one of the staff said it was okay for Client #1 to stay in bed. DS B said DS A might have told her that Client #1 was complaining of pain, but she didn't check on Client #1 or call the nurse. DS B said she didn't hear Client #1 complain of pain and she didn't give her pain medication. When interviewed on 1/30/20 at 8:50 a.m. DS C stated she worked at the facility first shift on Saturday, 12/07/19 and Sunday, 12/08/19. She said Client #1 spent most of first shift in bed on 12/07/19. Client #1 complained that her side hurt. DS A had been in Client #1's room and talked with her. DS C assumed another staff person had called the nurse. Client #1 came out for lunch. DS C thought Client #1 got dressed and came out for breakfast on 12/08/19. She was still complaining of pain in her left side. DS C didn't recall who was assigned to Client #1 on those dates. She said the assigned staff person should have called the nurse. When interviewed on 1/28/20 at 10:55 a.m. the Program Coordinator (PC) stated she went to the facility on the afternoon of Saturday, 12/07/19. Client #1 was in bed. She pointed to her left upper side and said it hurt. The PC called RN A and told her that Client #1 had			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	been in bed all day and said her side hurt. The PC made the call along with DS D, with the phone on speaker mode. RN A said no one had told her about Client #1. RN A asked the PC to check for bruises, which she did, but didn't see any. RN A directed staff to give Client #1 over the counter pain reliever. The PC said she observed the area that Client #1 pointed to, but didn't touch the area. She said she believed Client #1 was in pain. It was not typical for Client #1 to lay in bed all day or to complain of pain. Client #1 didn't make false claims of pain. The PC said she was aware Client #1 had complained of pain on 12/05/19, but staff thought it was her bra digging into her side. The PC said no nurse came to assess Client #1 on 12/07/19. She thought a nurse should have come to assess Client #1. She said she would have taken Client #1 to Urgent Care or the Emergency Room if she had been asked. When interviewed on 1/29/19 at 3:00 p.m. DS D stated he worked second shift on Saturday, 12/07/19 and Sunday, 12/08/19. He was the CMA for both shifts and passed client medications. When DS D came into work around 2:30 p.m. on 12/07/19, he saw that Client #1 was still in bed in her pajamas, which was unusual. DS D called RN A told tell her that Client #1 had been in bed all day and			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	complained of her side hurting. He told RN A that he thought something was wrong. RN A directed DS D to try to get Client #1 up and give her some over the counter pain reliever. After getting the pain reliever, Client #1 still seemed to be having some discomfort. DS D documented the PRN Acetaminophen was slightly effective. He recalled the PC also came to the facility that afternoon. RN A did not call back to check on Client #1. DS D called RN A before he was going to leave for his shift at 11:00 p.m. He told RN A that Client #1 was still complaining of her side hurting. RN A told him to give more over the counter pain reliever, which he did. When DS D came into work on the afternoon of 12/08/19, he recalled Client #1 was up and dressed, but he thought she was sitting in a recliner. DS D called RN A around 5:00 p.m. to tell her that Client #1 was still complaining of her side hurting. RN A gave approval for PRN over the counter pain reliever. No nurse came to the facility to assess Client #1 when DS D was there. He said he looked at the area where Client #1 was pointing and he didn't see an injury, but he didn't touch the area. DS D said he believed Client #1 was in pain, because she was consistent with the area that she said hurt and she didn't have a history of making false reports of pain.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	When interviewed on 1/29/20 at 11:35 a.m. RN B said RN C went to the facility on 11/24/19 to assess another client. RN C reportedly asked Client #1 how she was doing and she indicated she was fine. RN B mistakenly wrote on the IR dated 11/21/19 that RN C saw Client #1 on 11/22/19, but it was actually 11/24/19. RN C didn't document this, but told RN B. RN B noted Client #1 didn't actually fall to the ground on 11/21/19 and there was no apparent injury from her stumble. When asked if a nurse should have gone to assess Client #1 when staff reported to RN A on 12/07/19 and 12/08/19 that Client #1 was reporting pain in her upper left side, RN B said she didn't know if a nurse should have gone to assess Client #1. RN A was the on-call nurse that weekend. RN B confirmed the first shift staff on 12/07/19 and 12/08/19 should have called the on-call nurse when Client #1 complained of ongoing pain in her left side. When asked if a nurse should have assessed Client #1 after she indicated pain in her left side on 11/25/19 and 11/26/19, RN B acknowledged CMA A had called RN A for approval to give PRN pain reliever. RN B said she was not aware of a nurse assessing Client #1 regarding reports of pain on those dates, but she noted Client #1 was in her 70's and had osteoarthritis. When asked about her			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	nursing note dated 1/03/20, in which she wrote staff reported a change in condition on 12/09/19, RN B said the nursing staff typically wrote monthly nursing notes, which summarized the month prior. The change of condition that staff reported was the discomfort under Client #1's left breast. RN B acknowledged staff had reported complaints of pain and given over the counter pain reliever three times during the weekend of 12/07/19 and 12/08/19, but she said she didn't think the staff were specific about the type of pain or area of pain when they called RN A during the weekend. RN B said she assessed Client #1 at the facility on the morning of 12/09/19. RN A had told RN B on the morning of 12/09/19 that staff reported complaints of pain over the weekend and had given PRN pain reliever. RN B went to the facility and assessed Client #1. She palpated under Client #1's left breast and the client said the area was sore. Client #1 said she fell while bowling, but she hadn't been bowling in several weeks, so the explanation didn't seem to match up with the injury. Client #1 went to her PCP on 12/09/19 and x-rays revealed fractures of the 7th, 8th and 9th ribs. The physician gave orders to apply ice and to give regular doses of over the counter pain medication. Client #1 improved with no further complications.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	When interviewed on 2/06/20 at 11:40 a.m. RN A acknowledged Client #1's three rib fractures, diagnosed on 12/09/19. She confirmed the only fall/injury the facility knew of was when Client #1 stumbled against the Supervisor on the evening of 11/21/19 and she had no apparent injuries at that time. RN A acknowledged CMA A called her on 11/25/19 and 11/26/19 and asked to give Acetaminophen to Client #1 for complaints of pain in her side. RN A said she gave permission for CMA A to give the pain medication. She said RN B typically assessed clients if it was needed. She didn't recall if she asked RN B to assess Client #1 after being notified of the complaints of pain on 11/25/19 and 11/26/19. RN A said she recalled the Program Coordinator calling her on the afternoon of 12/07/19 to tell her that Client #1 was still in bed and was complaining of pain in her left side. RN A directed the PC to give Client #1 PRN Acetaminophen and to report to the administrative staff that first shift staff had allowed Client #1 to lay in bed the entire shift. RN A said she tested DS D on the evening of 12/07/19 to ask if the Acetaminophen given to Client #1 had been helpful. DS D called back and told RN A the medication had helped. RN A told DS D to give Acetaminophen again before he left his shift that evening. DS D didn't say			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	that Client #1 was in pain, but RN A thought Acetaminophen should be given preventatively so Client #1 wouldn't have pain during the night. RN A told DS D to leave a note for first shift staff to get Client #1 up in the morning and to contact RN A if there were any problems or if Client #1 seemed uncomfortable. RN A got no calls on first shift of 11/08/19. DS D called RN A on the afternoon of 12/08/19 and told RN A that Client #1 was having some discomfort on her left side. RN A directed him to give Acetaminophen. When asked why a nurse didn't go assess Client #1 after three reports of pain in the same area, RN A said there had only been two complaints of pain. DS D reported Client #1 complained of pain in her left side on the afternoon of 12/07/19 and the afternoon of 12/08/19. RN A stated DS D did not tell her that Client #1 was complaining of pain on the evening of 12/07/19. First shift staff had not reported complaints of pain. RN A said she didn't go assess Client #1 because she thought the pain was probably arthritic pain from previous rib fractures. RN A acknowledged it was not common for Client #1 to complain of pain in her left side, but she didn't indicate the pain was severe. RN A confirmed she wrote no nursing notes/documentation related to Client #1's complaints of pain and the subsequent rib			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	fractures. RN A said to her knowledge, nursing notes were required quarterly. She said staff were supposed to write a Nursing Communication Log when they had health concerns regarding clients. RN A said a Nursing Communication Log was done on 12/08/19 regarding this incident. 2. . Record review on 1/28/19 revealed a summary dated 12/08/19 of the facility investigation regarding Client #2's avulsion knee fracture, which was diagnosed on 12/03/19. According to the facility investigation, Client #2 slid to the floor of the facility van on 11/27/19, wedging herself between the seats. The Supervisor had difficulty maneuvering Client #2 out between the seats and off of the van. When staff were able to get Client #2 off of the van, she dropped to the ground. Staff reported Client #2 was not cooperative the rest of the evening. The next day Client #2's knee was showing evidence of injury and a facility nurse was contacted. The injury was not suspected abuse. The investigation referenced the nurse's statement for further information. Record review revealed Client #2 was 51 years old with a diagnosis including profound intellectual disability, cerebral palsy, seizure			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	disorder and behavior disorder. According to Client #2's PCPP dated 5/0719, she wore Ankle Foot Orthotics and orthotic shoes. Client #2 also wore a soft helmet to reduce risk of injury in case of a fall. She wore protective pads on her elbows for the same reason. She wore a gait belt and required contact guard assistance (hands on gait belt) from staff for safety when ambulating or transferring. The Physical Therapy section of Client #2's PCPP noted she needed staff to walk with her, holding onto her gait belt. Additional record review revealed Incident Reports for Client #2 as follows: a. An undated IR signed by the Supervisor on 11/27/19. The Supervisor wrote the incident occurred at 7:20 p.m. He documented Client #2 became upset/agitated upon returning to the facility from dining out. Client #2 slid down between the van seats and became stuck. Her left leg was underneath her when she slid down. The Supervisor noted scratch marks to Client #2's back and side. The nursing section on the IR, written by RN C, noted she was notified on 11/28/19. RN C documented there was a bruise on Client #2's right knee, with no swelling. There was no apparent injury to the ankle. Scratch marks were within normal limits.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	b. IR dated 11/28/19 written by the Supervisor. He wrote Client #2's left leg was a little swollen, with a little bruising around the knee. The Supervisor documented the injury was causing Client #2 to limp a little. The nursing section of the IR was blank. A nursing note dated 11/30/19 by RN B noted Client #2 got new orthotic shoes on 11/27/19. According to the nursing note Client #2 became upset on the van on 11/27/19 and slid down between the seats, with her left leg under her. At the time this caused an abrasion to Client #2's left knee. RN C examined Client #2 and noted full range of motion in all extremities and only a small abrasion on the left knee area. RN C recommended triple antibiotic ointment and Band-Aid, as tolerated. RN B wrote, "No further staff report of changes in physical condition." (The nursing note conflicts with information documented by RN C on the IR written 11/27/19 and an undated written statement, in which RN C indicated she examined Client #2's right leg and knee.) The next nursing note in Client #2's chart was dated 12/03/19, written by RN B. She documented at 8:00 a.m. a slight limp was noted with ambulation and it appeared to be the left leg. RN B documented at 4:00 p.m. that			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	staff reported the limp was more pronounced. The facility transported Client #2 to Urgent Care where x-rays revealed "bony knee fragment/avulsion fracture of medial femoral condule. To have minimal wt. bearing until seen by Orthotics." The nursing note also noted hands on assistance at all times, a knee immobilizer at all times except bathing, suspension of Ankle Foot Orthotics (AFO), transport chair for ambulation and no physical therapy exercises to the left lower extremity. Over the counter pain medications could be given as needed. Additional record review revealed RN C wrote an undated statement. According to the statement, RN C received a call from facility staff at 3:55 p.m. on 11/28/19, informing her that Client #2 had gotten her leg stuck between the vans seats the evening prior. Staff informed RN C on 11/28/19 that Client #2 was not walking and might have hurt her knee and ankle. RN C documented she assessed Client #2. She noted Client #2 was agitated. RN C noted a bruise and small abrasion to Client #2's right knee, with no redness or swelling observed. RN C was able to manipulate the knee, as Client #2 continued to be agitated. RN C also assessed Client #2's right ankle and saw no evidence of injury. RN C directed staff to			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	administer over the counter pain medications around 4:15 p.m. and again at 10:30 p.m. RN C also asked staff to pass along to the next shift that morning staff could administer over the counter pain medications. RN C told the staff that Client #2 could remain in the wheelchair through the rest of 11/28/19, but should be encouraged to walk and bear weight the next day. RN C told staff to call her if there were any changes in condition. RN C documented she called the facility on 11/29/19 and spoke with staff regarding Client #2's condition. The staff RN C spoke with told her that Client #2 was doing fine and there were no further concerns. RN C was on-call through 12/02/19 and received no further calls regarding Client #2. When interviewed on 1/29/20 at 3:35 p.m. RN C acknowledged Client #2 was diagnosed with an avulsion fracture of her left knee on 12/03/19. RN C confirmed she had indicated on the IR dated 11/27/19 and in her written facility statement that she examined Client #2's right knee on 11/28/19. RN C said she felt "pretty sure" that she had assessed Client #2's right knee and not her left one. RN C said staff were near her as she assessed the Client #2's right leg. RN C said she didn't see any bruises, marks or swelling to the right leg. Client #2 was combative during the assessment, which was			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	not unusual. RN C said she might have looked at Client #2's left leg also, but she didn't assess it like she did the right leg, because she thought the right leg was the problem. Staff were using a wheelchair with Client #2 on 11/28/19 because she didn't want to walk. RN C told the staff Client #2 could continue to use the wheelchair the rest of the day, but they should try to have her walk the next day. RN C told staff they could give Client #2 over the counter pain medication. RN C called the facility on the evening of 11/29/19 and spoke with a female staff. RN C asked how Client #2 was doing and if she was walking. The staff person told RN C that Client #2 was up and about. RN C said to call her if there were any more problems. RN C was the on-call nursing through the morning of 12/02/19 and didn't receive any more calls regarding Client #2. RN C said she had no idea that Client #2 continued to use the wheelchair most of that time and didn't want to walk. A nurse needed to give approval at the agency for a client to use a wheelchair if they didn't typically use a wheelchair. When interviewed on 1/29/20 at 12:00 p.m. RN B stated RN C assessed Client #2 on the afternoon of 11/28/19 and told staff the client could use the wheelchair for the rest of that day. Staff didn't inform the nursing staff of			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	ongoing use of the wheelchair and trouble walking until DS A called RN B on 12/30/19 and asked her why Client #2 was using the wheelchair. At that time, they made arrangements for Client #2 to get an x-ray. When interviewed on 1/28/20 at 10:20 a.m. the Supervisor said Client #2 went to the floor of the van and was wedged between the seats on the evening of 11/27/19. The Supervisor moved the seats and helped get Client #2 out of the van. Client #2 dropped to the ground when she got out of the van and she wouldn't stand. The Supervisor and DS B carried Client #2 into the facility. Once inside the facility, staff walked Client #2 to the bathroom and noticed she had a slight limp. Client #2 had a bath and went to bed afterwards. The Supervisor said he didn't recall seeing any injuries on Client #2, other than some scratch marks on her back caused by one of the van seats. The Supervisor wrote an IR on 11/28/19 when he noticed Client #2's left leg looked a little swollen and the client had a slight limp. RN C came to the facility to assess Client #2 on 11/28/19. The Supervisor worked at the facility daily from 11/27/19 to 12/03/19 and he said he didn't recall that Client #2 continued to limp, had a swollen leg or showed signs of being in pain.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	When interviewed on the afternoon of 1/29/20 DS D confirmed he worked second shift on 11/27/19, 11/28/19 and 11/29/19. DS D said he was working on the evening of 11/27/19 when Client #2 had behaviors on the van and then went to the ground after staff got her off of the van. DS D said he didn't notice Client #2 had problems walking later that evening after she came in from the van. He noticed Client #2 limping and there was some swelling in her leg on 11/28/19. DS D called RN C to notify her and she came to assess Client #2. RN C assessed Client #2 and told staff to allow Client #2 to continue using the wheelchair for now. DS D thought RN C looked at Client #2's swollen leg. DS D didn't recall if Client #2 used the wheelchair on the second shift of 11/29/19. He said he didn't know if RN C called on 11/29/19 to check on Client #2, but if she did, she didn't talk to him. DS D said he didn't recall calling the PC to ask if Client #2 could use the wheelchair. When interviewed on 1/30/19 at 9:00 a.m. DS C confirmed she worked at the facility on first and second shift on 11/28/19. She said DS D called RN C to tell her there was a problem with Client #2's leg and she wasn't walking. RN C came to the facility to assess Client #2, but focused more on assessing the right leg instead of the left leg. RN C told staff that Client #2 could use			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the wheelchair the rest of the day. DS C worked first shift on 11/29/19 and said she was pretty sure Client #2 was still using the wheelchair. DS C recalled Client #2's left leg looked a little swollen and she was refusing to walk on 11/29/19. When interviewed on 1/29/19 at 3:55 p.m. CMA A stated she took Client #2 to Urgent Care on 12/03/19 at 3:50 p.m. She said she didn't think nursing knew Client #2 had an ongoing problem until 12/03/19. In summary, the nursing staff assessed Client #2's one time between her fall on 11/27/19 and taking her to Urgent Care on 12/03/19. RN C assessed Client #2's on the afternoon of 11/28/19, but admits she assessed the wrong leg. The IRs written on 11/27/19 and 11/28/19 indicated Client #2's left leg was underneath her when she was wedged in the van and it was her left leg that was slightly swollen. RN C documented and confirmed she examined Client #2's right leg on 11/28/19.			
W342	**NURSING SERVICES** **CFR(s): 483.460(c)(5)(iii)** **Nursing services must include implementing with other members of the**			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. Based on interviews and record review, the facility failed to ensure staff were appropriately trained to report concerns regarding client health care needs to the on-call nurse. Staff failed to demonstrate competency in this area for 2 of 2 sample clients identified during the investigation of #88875-C (Client #1 and Client #2). Findings follow: 1. Review on 1/28/20 of the agency investigation summary dated 12/13/19 revealed Client #1 tripped on 11/21/19 and fell into the Supervisor, on her left side. The Supervisor's right arm was pressed into Client #1's left side when she stumbled. No injuries were noted at the time. According to the investigation, Client #1 complained of "pain in her ribs" to Certified Medication Aide (CMA) A on 11/25/19 and 11/26/19 and received PRN (as needed) over the counter pain medication. Client #1 told staff on 12/05/19 that her side hurt. Staff looked at			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the area and saw no injuries. Staff assumed Client #1's bra was causing the discomfort. Client #1 complained of pain in her side and didn't want to get out of bed on 12/07/19. Second shift staff notified the on-call nurse, who directed staff to give PRN over the counter pain medication. The same thing occurred on 12/08/19. Client #1 went to the doctor on 12/09/19 and x-rays revealed she had three broken ribs. The injury was not suspect for abuse. Because there were no other documented falls or injuries, the facility determined the fractured ribs were likely the result of Client #1 stumbling against the Supervisor on 11/21/19. The facility took disciplinary action with the first shift staff on 12/07/19 who failed to report complaints of pain to the on-call nurse. Record review on 1/28/20 of Client #1's nursing notes revealed no entry between 11/09/19 and 12/04/19. According to the nursing noted written on 12/04/19, Client #1 was acting as usual without any medical needs noted. Registered Nurse (RN) B documented, "No staff reports of changes in demeanor or physical status through this charting period." The next nursing note was dated 1/03/20 and also written by RN B. She wrote,			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	"Staff reported change in physical status on 12/09/19." When on rounds, staff told RN B of left side chest discomfort under the left breast. RN B documented staff reported there were a few complaints of pain over the weekend and Tylenol had been given. The facility took Client #1 to an Urgent Care clinic on 12/09/19. RN B documented Client #1 had tenderness under her left breast and said she fell while bowling. The Urgent Care physician also noted tenderness in the left anterior lower rib area and ordered x-rays, which revealed a fracture of ribs 7,8 and 9. The physician gave orders to apply ice to the area and to give routine doses of over the counter pain reliever for two weeks, followed by PRN (as needed) over the counter pain reliever for four weeks. RN B noted Client #1's pain was well controlled with the pain reliever and she had no further complaints of discomfort. When interviewed on 1/28/20 at 2:15 p.m. Developmental Specialist (DS) A said she worked at the facility on first shift of 12/05/19 and 12/06/19 and Client #1 had no complaints of pain. DS A also worked on first shift of 12/07/19. Client #1 stayed in bed and her breathing sounded a little heavy. When DS A asked Client #1 if she was okay, the client pointed to her upper left side and indicated it			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	hurt. DS A told DS B, who was a CMA. DS A assumed DS B would notify the on-call nurse. Client #1 spent most of first shift in her room, primarily in her recliner. She came out for lunch and didn't continually complain of pain. DS A didn't know if DS B gave Client #1 pain reliever. When interviewed on 1/28/20 at 4:00 p.m. DS B confirmed she worked first shift on Saturday, 12/07/19 and Sunday, 12/08/19. She said DS A was assigned to Client #1. DS B said she was aware Client #1 was in her room. She thought one of the staff said it was okay for Client #1 to stay in bed. DS B said DS A might have told her that Client #1 was complaining of pain, but she didn't check on Client #1 or call the nurse. DS B said she didn't hear Client #1 complain of pain and she didn't give her pain medication. When interviewed on 1/30/20 at 8:50 a.m. DS C stated she worked at the facility first shift on Saturday, 12/07/19 and Sunday, 12/08/19. She said Client #1 spent most of first shift in bed on 12/07/19. Client #1 complained that her side hurt. DS A had been in Client #1's room and talked with her. DS C assumed another staff person had called the nurse. Client #1 came out for lunch on 12/07/19. DS C thought Client			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	#1 got dressed and came out for breakfast on 12/08/19. She was still complaining of pain in her left side. DS C didn't recall who was assigned to Client #1 on those dates. She said the assigned staff person should have called the nurse. When interviewed on 1/28/20 at 10:55 a.m. the Program Coordinator (PC) stated she went to the facility on the afternoon of Saturday, 12/07/19. Client #1 was in bed. She pointed to her left upper side and said it hurt. The PC called RN A and told her that Client #1 had been in bed all day and said her side hurt. The PC made the call along with DS D, with the phone on speaker mode. RN A said no one had told her about Client #1. RN A asked the PC to check for bruises, which she did, but didn't see any. RN A directed staff to give Client #1 over the counter pain reliever. The PC said she observed the area that Client #1 pointed to, but didn't touch the area. She said she believed Client #1 was in pain. It was not typical for Client #1 to lay in bed all day or to complain of pain. Client #1 didn't make false claims of pain. When interviewed on 1/29/19 at 3:00 p.m. DS D stated he worked second shift on Saturday, 12/07/19 and Sunday, 12/08/19. He was the			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	CMA for both shifts and passed client medications. When DS D came into work around 2:30 p.m. on 12/07/19, he saw that Client #1 was still in bed in her pajamas, which was unusual. DS D called RN A told tell her that Client #1 had been in bed all day and complained of her side hurting. He told RN A that he thought something was wrong. RN A directed DS D to try to get Client #1 up and give her some over the counter pain reliever. After getting the pain reliever, Client #1 still seemed to be having some discomfort. DS D documented the PRN Acetaminophen was slightly effective. He recalled the PC also came to the facility that afternoon. RN A did not call back to check on Client #1. DS D called RN A before he was going to leave for his shift at 11:00 p.m. He told RN A that Client #1 was still complaining of her side hurting. RN A told him to give more over the counter pain reliever, which he did. When DS D came into work on the afternoon of 12/08/19, he recalled Client #1 was up and dressed, but he thought she was sitting in a recliner. DS D called RN A around 5:00 p.m. to tell her that Client #1 was still complaining of her side hurting. RN A gave approval for PRN over the counter pain reliever.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	When interviewed on 1/29/20 at 11:35 a.m. RN B confirmed the first shift staff on 12/07/19 and 12/08/19 should have called the on-call nurse when Client #1 complained of ongoing pain in her left side. When interviewed on 2/06/20 at 11:40 a.m. RN A stated DS D and/or the PC called her on the second shifts of 12/07/19 and 12/08/19, but none of the staff on first shift had notified her that Client #1 was complaining of pain. When asked why a nurse didn't go assess Client #1 after reports of pain in the same area, RN A said there had only been two complaints of pain. DS D reported Client #1 complained of pain in her left side on the afternoon of 12/07/19 and the afternoon of 12/08/19. First shift staff had not reported complaints of pain. RN A said she didn't go assess Client #1 because she thought the pain was probably arthritic pain from previous rib fractures. RN A acknowledged it was not common for Client #1 to complain of pain in her left side, but she didn't indicate the pain was severe. 2. Record review on 1/28/19 revealed a summary dated 12/08/19 of the facility investigation regarding Client #2's avulsion knee fracture, which was diagnosed on 12/03/19. According to the facility investigation,			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Client #2 slid to the floor of the facility van on 11/27/19, wedging herself between the seats. The Supervisor had difficulty maneuvering Client #2 out between the seats and off of the van. When staff were able to get Client #2 off of the van, she dropped to the ground. Staff reported Client #2 was not cooperative the rest of the evening. The next day Client #2's knee was showing evidence of injury and a facility nurse was contacted. The injury was not suspect for abuse. The investigation referenced the nurse's statement for further information. Additional record review revealed Incident Reports for Client #2 as follows: a. An undated IR signed by the Supervisor on 11/27/19. The Supervisor wrote the incident occurred at 7:20 p.m. He documented Client #2 became upset/agitated upon returning to the facility from dining out. Client #2 slid down between the van seats and became stuck. Her left leg was underneath her when she slid down. The Supervisor noted scratch marks to Client #2's back and side. The nursing section on the IR, written by RN C, noted she was notified on 11/28/19. RN C documented there was a bruise on Client #2's right knee, with no swelling. There was no apparent injury to the ankle. Scratch marks were within normal limits.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	b. IR dated 11/28/19 written by the Supervisor. He wrote Client #2's left leg was a little swollen, with a little bruising around the knee. The Supervisor documented the injury was causing Client #2 to limp a little. The nursing section of the IR was blank. A nursing note dated 11/30/19 by RN B noted Client #2 got new orthotic shoes on 11/27/19. According to the nursing note Client #2 became upset on the van on 11/27/19 and slid down between the seats, with her left leg under her. At the time this caused an abrasion to Client #2's left knee. RN C examined Client #2 and noted full range of motion in all extremities and only a small abrasion on left knee area. RN C recommended triple antibiotic ointment and Band-Aid, as tolerated. RN B wrote, "No further staff report of changes in physical condition." (The nursing note conflicts with information documented by RN C on the IR written 11/27/19 and an undated written statement, in which RN C indicated she examined Client #2's right leg and knee.) The next nursing note in Client #2's chart was dated 12/03/19, written by RN B. She documented at 8:00 a.m. a slight limp was noted with ambulation and it appeared to be the left leg. RN B documented at 4:00 p.m. that			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	staff reported the limp was more pronounced. The facility transported Client #2 to Urgent Care where x-rays revealed "bony knee fragment/avulsion fracture of medial femoral condule. To have minimal wt. bearing until seen by Orthotics." The nursing note also noted hands on assistance at all times, a knee immobilizer at all times except bathing, suspension of Ankle Foot Orthotics (AFO), transport chair for ambulation and no physical therapy exercises to the left lower extremity. Over the counter pain medications could be given as needed. Review of the documentation from the Urgent Care Clinic indicated they saw Client #2 at the clinic on 12/03/19 at 5:35 p.m. The diagnosis was knee injury, avulsion fracture. The clinic documentation did not indicate which knee was injured. Additional record review revealed RN C wrote an undated statement. According to the statement, RN C received a call from facility staff at 3:55 p.m. on 11/28/19, informing her that Client #2 had gotten her leg stuck between the vans seats the evening prior. Staff informed RN C on 11/28/19 that Client #2 was not walking and might have hurt her knee and ankle. RN C documented she assessed Client			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	#2. She noted Client #2 was agitated. RN C noted a bruise and small abrasion to Client #2's right knee, with no redness or swelling observed. RN C was able to manipulate the knee, as Client #2 continued to be agitated. RN C also assessed Client #2's right ankle and saw no evidence of injury. RN C directed staff to administer over the counter pain medications around 4:15 p.m. and again at 10:30 p.m. RN C also asked staff to pass along to the next shift that morning staff could administer over the counter pain medications. RN C told the staff that Client #2 could remain in the wheelchair through the rest of 11/28/19, but should be encouraged to walk and bear weight the next day. RN C told staff to call her if there were any changes in condition. RN C documented she called the facility on 11/29/19 and spoke with staff regarding Client #2's condition. The staff RN C spoke with told her that Client #2 was doing fine and there were no further concerns. RN C was on-call through 12/02/19 and received no further calls regarding Client #2. When interviewed on 1/29/20 at 3:35 p.m. RN C acknowledged Client #2 was diagnosed with an avulsion fracture of her left knee on 12/03/19. RN C confirmed she had indicated on the IR dated 11/27/19 and in her written facility statement that she examined Client #2's			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	right knee on 11/28/19. RN C said she felt "pretty sure" that she had assessed Client #2's right knee and not her left one. RN C said staff were near her as she assessed the Client #2's right leg. RN C said she didn't see any bruises, marks or swelling to the right leg. Client #2 was combative during the assessment, which was not unusual. RN C said she might have looked at Client #2's left leg also, but she didn't assess it like she did the right leg, because she thought the right leg was the problem. Staff were using a wheelchair with Client #2 on 11/28/19 because she didn't want to walk. RN C told the staff Client #2 could continue to use the wheelchair the rest of the day, but they should try to have her walk the next day. RN C told staff they could give Client #2 over the counter pain medication. RN C called the facility on the evening of 11/29/19 and spoke with a female staff. RN C asked how Client #2 was doing and if she was walking. The staff person told RN C that Client #2 was up and about. RN C said to call her if there were any more problems. RN C was the on-call nursing through the morning of 12/02/19 and didn't receive any more calls regarding Client #2. RN C said she had no idea that Client #2 continued to use the wheelchair most of that time and didn't want to walk. A nurse needed to give approval at the			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	agency for a client to use a wheelchair if they didn't typically use a wheelchair. When interviewed on 1/29/20 at 12:00 p.m. RN B stated RN C assessed Client #2 on the afternoon of 11/28/19 and told staff the client could use the wheelchair for the rest of that day. Staff didn't inform the nursing staff of ongoing use of the wheelchair and trouble walking until DS A called RN B on 12/30/19 and asked her why Client #2 was using the wheelchair. At that time, they made arrangements for Client #2 to get an x-ray. When interviewed on 1/28/20 at 10:20 a.m. the Supervisor said Client #2 went to the floor of the van and was wedged between the seats on the evening of 11/27/19. The Supervisor moved the seats and helped get Client #2 out of the van. Client #2 dropped to the ground when she got out of the van and she wouldn't stand. The Supervisor and DS B carried Client #2 into the facility. Once inside the facility, staff walked Client #2 to the bathroom and noticed she had a slight limp. Client #2 had a bath and went to bed afterwards. The Supervisor said he didn't recall seeing any injuries on Client #2, other than some scratch marks on her back caused by one of the van seats. The Supervisor wrote an IR on 11/28/19 when he noticed Client			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	#2's left leg looked a little swollen and the client had a slight limp. RN C came to the facility to assess Client #2 on 11/28/19. The Supervisor worked at the facility daily from 11/27/19 to 12/03/19 and he said he didn't recall that Client #2 continued to limp, had a swollen leg or showed signs of being in pain. When interviewed on 1/29/20 at 3:45 p.m. DS B stated Client #2 got wedged in the van on the evening of 11/27/19. DS B, the Supervisor and another staff person assisted Client #2 into the facility after she fell to the ground after getting out of the van. DS B didn't notice Client #2 had a problem walking after the staff got her into the facility, but she was not Client #2's assigned staff person. DS B didn't recall that Client #2 had trouble walking on first shift of 12/28/19. DS B also worked first shift on 12/29/19 and she noticed Client #2 was limping. The Supervisor said he had written something up. DS B didn't recall if Client #2 used the wheelchair on first shift of 12/29/19. When interviewed on 1/29/19 at 11:05 a.m. DS F said she was working at the facility when Client #2 got wedged between van seats on the evening of 11/27/19. DS F said the Supervisor was able to get Client #2 off the van, but then she dropped to her knees onto the concrete			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	driveway when she got off the van. DS F said Client #2 sometimes dropped to the ground when behavioral. The Supervisor and DS B assisted Client 2 into the facility. DS F recalled Client #2 walked around the facility later that evening and didn't appear to have trouble ambulating. DS F noted Client #2 normally had an unusual, unsteady gait and she wore a gait belt. DS F worked second shift on 1/30/19 and at that time Client #2 was using a wheelchair and not walking or bearing weight. DS F also worked first shift on 12/01/19. She said Client #2 continued to use the wheelchair and needed two staff to assist her with getting up and using the toilet. DS F said Client #2 was non-verbal, but didn't show signs of being in pain, such as crying. DS F worked both first and second shifts on 12/02/19. She said DS G worked with Client #2 during the day and assisted her with walking because he is a big man. Client #2 looked more unsteady on her feet than usual. In the evening, Client #2 mostly sat in a chair and didn't get up on her own. She didn't seem to want to walk, but did walk with staff assistance. She had a slight limp and needed more assistance to walk than usual. DS F said on 12/03/19, DS A called a facility nurse and asked if staff could use the wheelchair for Client #2 because she wasn't walking. DS F said she hadn't called a nurse when she worked from			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	1/30/19 to 12/02/19 because she thought the nurses had already been notified. DS F said she thought RN C came to the house to assess Client #2 on 12/28/19, but she wasn't aware of any further nursing assessments through 12/03/19. When interviewed on 1/29/20 at 2:25 p.m. DS A said she worked first shift on 11/29/19, 11/30/19 and 12/01/19. DS A stated she recalled Client #2 was in the wheelchair off and on. She didn't remember if Client #2 had trouble walking. DS A said she didn't speak to a nurse about Client #2's condition on those days. When interviewed on the afternoon of 1/29/20 DS D confirmed he worked second shift on 11/27/19, 11/28/19 and 11/29/19. DS D said he was working on the evening of 11/27/19 when Client #2 had behaviors on the van and then went to the ground after staff got her off of the van. DS D said he didn't notice Client #2 had problems walking later that evening after she came in from the van. He noticed Client #2 limping and there was some swelling in her leg on 11/28/19. DS D called RN C to notify her and she came to assess Client #2. RN C assessed Client #2 and told staff to allow Client #2 to continue using the wheelchair for now. DS			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	D thought RN C looked at Client #2's swollen leg. DS D didn't recall if Client #2 used the wheelchair on the second shift of 11/29/19. He said he didn't know if RN C called on 11/29/19 to check on Client #2, but if she did, she didn't talk to him. DS D said he didn't recall calling the PC to ask if Client #2 could use the wheelchair. When interviewed on 2/05/19 at 9:20 a.m. DS G confirmed he worked first shift with Client #2 on 12/02/19, but he didn't recall if Client #2 used a wheelchair during that time or if he was walking with her. When interviewed on 2/05/19 at 10:10 a.m. DS H confirmed she worked the second shift on 11/29/19. DS H was the only female staff who worked on that shift, according to the schedule. RN C said in her statement that she spoke with an unknown female staff on the evening of 11/29/19 and asked how Client #2 was doing. DS H said she didn't recall a phone conversation with RN C on 11/29/19 regarding Client #2. DS H said she thought she would remember a call like that. She said she felt pretty certain she did not tell RN C on the evening of 11/29/19 that Client #2 was walking fine.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	When interviewed on 1/30/19 at 9:00 a.m. DS C confirmed she worked at the facility on first and second shift on 11/28/19. She said DS D called RN C to tell her there was a problem with Client #2's leg and she wasn't walking. RN C came to the facility to assess Client #2, but focused more on assessing the right leg instead of the left leg. RN C told staff that Client #2 could use the wheelchair the rest of the day. DS C worked first shift on 11/29/19 and said she was pretty sure Client #2 was still using the wheelchair. DS C recalled Client #2's left leg looked a little swollen and she was refusing to walk on 11/29/19. When interviewed on 1/29/20 at 10:45 a.m. the PC stated she wasn't at the facility around the time of Client #2's knee injury. She recalled DS D called her on 11/30/19 or 12/01/19 to tell her that staff was using a wheelchair with Client #2. DS D told the PC staff were using the wheelchair because Client #2 was limping and it was difficult to walk her. The PC said the call from DS D was the first she had heard of Client #2's injury and using a wheelchair. She told DS D to make sure an IR had been written and the nurse was notified. DS D told the PC that he had told DS A to notify the nurse of the situation.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	When interviewed on 1/29/19 at 3:55 p.m. CMA A stated she took Client #2 to Urgent Care on 12/03/19 at 3:50 p.m. She said she didn't think nursing knew Client #2 had an ongoing problem until 12/03/19. In summary, staff worked 11/29/19 to 12/02/19, with Client #2 having unusual difficulty ambulating and spending much of the time sitting or in a wheelchair, which was not her norm. Staff who worked 11/29/19 to 12/02/19 failed to contact agency nursing staff to notify them Client #2 was having difficulty walking and weight bearing. A staff person notified nursing staff on 12/03/19 and Client #2 had x-rays taken revealing an avulsion fracture of the left knee. Facility documents revealed the agency issued an undated memo to staff regarding Client #2's care related to the knee injury and reminding staff to report any negative change in client condition immediately to the nurse on-call. **FACILITY RESPONSE:**			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **8069**			**Date:** **July 31, 2020**
Facility Name: **Behavioral Technologies Delta**		**Survey Dates:** **January 28, 2020 – March 17, 2020**	
Facility Address/City/State/Zip **1200 Williams Street** **Des Moines, IA 50317**			
	LK	**88875-C**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).