

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

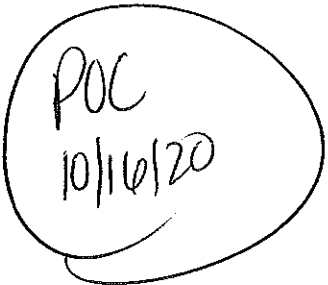
PRINTED: 09/09/2020
FORM APPROVED
OMB NO. 0938-0391

OK

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CHRISTIAN OPPORTUNITY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1554 BROADWAY ST PELLA, IA 50219
---	--

(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	<p>INITIAL COMMENTS</p> <p>A deficiency was cited at W153 regarding the investigation of #91768-C.</p> <p>No deficiencies were cited related to the on-site Infection Control Survey, however, the following concerns were noted:</p> <p>Staff reported they had continued the practice of sitting at the dining tables and eating meals with the clients. Staff stated they removed their masks to eat and drink meals while sitting next to clients. According to agency policy, staff are allowed to remove their masks when clients are not present.</p> <p>A staff person accompanied a client as the client carried a bag of garbage outside to the garbage bin. Upon re-entering the home, the staff person failed to prompt the client to wash his hands.</p> <p>A functioning water fountain was located in the hallway at North House, accessible to the clients and staff. When brought to the attention of the management staff, they said no one used the water fountain. They later reported the water fountain had been turned off since brought to their attention by the surveyor.</p>	W 000	 <p>All staff will be re-trained on Policy G206 with an emphasis placed on ensuring that staff complete their responsibility of calling the Program Manager or On-Call Manager to report any mistreatment, neglect or abuse. Monthly, a drill will be conducted with mistreatment, neglect or abuse scenarios to ensure that staff understand their responsibility. The drill will be completed by the PM or AM, and documentation of the drill will be kept on file. Future compliance will be monitored by the ICF Regional Management Team.</p>	
W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>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.</p>	W 153		10/16/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shelli Lyons</i>	TITLE Regional Director/ICF Administrator	(X6) DATE 9/14/2020
--	--	------------------------

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.

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

PRINTED: 09/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/03/2020
NAME OF PROVIDER OR SUPPLIER CHRISTIAN OPPORTUNITY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1554 BROADWAY ST PELLA, IA 50219		
(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 153	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff immediately reported all allegations of abuse/mistreatment of clients. This affected 5 identified sample clients(Client #1 - Client #5) and potentially all 15 clients residing at the facility. Finding follows:</p> <p>When interviewed on 7/29/20 at 3:15 p.m. Staff B reported Staff A "doesn't do well" with the clients. She said she once heard Staff A yelling at Client #4 to go to his room. Staff B was on the phone with Staff C when she heard Staff A yelling at Client #4 in the background. Staff B said she heard Staff A yell at clients several times, including Client #1 and Client #4. Staff B stated she heard Staff A say that she didn't do the two hour checks on Client #3 during the overnight shifts because he would get up (and not return to bed). Staff B said she heard Staff A say she didn't change Client #5's briefs because it was difficult to clean and change Client #5. Staff B said these incidents occurred for months. She stated she had not reported these concerns to management staff.</p> <p>When interviewed on 7/29/20 at 2:45 p.m. Staff C stated more clients were soiled or wet in the mornings when Staff A worked on the overnight shift. She said Client #5 was more likely to have wet briefs in the morning when Staff A worked the overnight shift. Staff C said she did not report this concern to management staff.</p> <p>When interviewed on 7/29/20 at 2:20 p.m. Staff D stated she heard Staff A yell at Client #2 for repeatedly getting out of bed. Staff D didn't indicate she reported this to management staff.</p>	W 153			

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

PRINTED: 09/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2020	
NAME OF PROVIDER OR SUPPLIER CHRISTIAN OPPORTUNITY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1554 BROADWAY ST PELLA, IA 50219		
(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 153	<p>Continued From page 2</p> <p>She said it happened in the past couple of months.</p> <p>When interviewed on 7/29/20 at 12:30 p.m. Staff E stated he heard Staff A say that she wouldn't change Client #5 on the overnight shift because she was too difficult to change/manage. Staff E said he heard Staff A make that statement about two months ago. He didn't indicate he reported this concern to management staff.</p> <p>When interviewed on 7/30/20 at 10:00 a.m. Staff F stated more clients were wet in the mornings when Staff A worked on the overnight shift. Staff F said she did not report this to management staff because it was difficult to prove.</p> <p>When interviewed on 8/03/20 at 11:05 a.m. the Program Manager (PM) stated it was agency policy for staff to report allegation of abuse/mistreatment to management staff. The PM said she was the supervisor for the staff on the second shift and overnight shift. She said no staff reported Staff A yelled at clients, didn't change clients on her shift or didn't check on Client #2 on the overnight shift.</p> <p>When interviewed on 8/03/20 at 11:15 a.m. the Vocational Program Director (VPD) stated she was the supervisor for first shift staff. The VPD said no staff reported Staff A yelled at clients, didn't change clients on her shift or didn't check on Client #2 on the overnight shift. She acknowledged agency policy required staff to immediately report allegations of abuse/mistreatment.</p> <p>A review of the agency policy entitled, "Reporting and Prevention of Abuse, Neglect and</p>	W 153		

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

PRINTED: 09/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CHRISTIAN OPPORTUNITY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1554 BROADWAY ST PELLA, IA 50219
---	--

(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 153	Continued From page 3 Mistreatment" on 8/03/20 revealed all employees of the agency are mandatory reporters. According to the abuse policy, the agency would ensure that all allegations of mistreatment, neglect or abuse are reportedly immediately to the administrator.	W 153		
-------	--	-------	--	--

OL

We reviewed with Staff their reporting responsibilities here is what is included in the minutes that all staff are required to review even if not in attendance at the meeting.

The Staff meeting was on August 12th:

Reporting concerns – It is staff responsibility to report to Management any issues or concerns they have about the treatment of PS. Staff should not talk amongst themselves and share with co-workers another employee's performance issues. This should be brought directly to Management.

Moving forward, we will complete the drills each month, giving staff a scenario for them to communicate to us what our response will be.

