

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

PRINTED: 11/16/2020  
FORM APPROVED  
OMB NO. 0938-0391  
*OK*  
*11/16/20*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  16G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/13/2020
NAME OF PROVIDER OR SUPPLIER  WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1281 334TH STREET WOODWARD, IA 50276	
(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>The investigations of 92481-I and 93502-I were conducted from 9/28/20 to 10/13/20.</p> <p>The investigation of 92481-I resulted deficiencies cited at W189 and W249.</p> <p>The investigation of 93502-I resulted in a determination of Immediate Jeopardy (IJ). Due to concerns for client health and safety. The facility was notified of the IJ on 9/30/20 and 3:00 p.m. Based on corrective action implemented by the facility prior to the complaint survey the IJ was determined to be removed at that time. A condition-level deficiency was cited at W102 and a standard-level deficiency was cited at W 104.</p> <p>At the time of the complaint survey a focused infection control survey was also completed. There were no concerns identified.</p> <p>GOVERNING BODY AND MANAGEMENT CFR(s): 483.410</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on interviews and record review the facility failed to maintain minimal compliance with the Condition of Participation (CoP) - Governing Body. The Governing Body failed to provide adequate operating direction to consistently provide for the health and safety of clients.</p>	W 000	<p><i>See attached</i></p> <p><i>POC</i> <i>12/4/20</i></p>	
W 102		W 102		

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

TITLE

(X6) DATE

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

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W 102	Continued From page 1  Cross reference W104: Based on observations, interviews and record reviews, the facility failed to consistently provide adequate operating direction, specifically regarding security of personal staff items, to ensure the safety of all clients.  These findings resulted in a determination of Immediate Jeopardy (IJ). Due to concerns for client health and safety. The facility was notified of the IJ on 9/30/20 at 3:00 p.m. Based on corrective action implemented by the facility prior to the complaint survey, including training of all staff specifically requiring personal items and medications be secured at all times, the IJ was determined to already be removed at the time it was called.	W 102		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1)  The governing body must exercise general policy, budget, and operating direction over the facility.   This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently provide adequate operating direction to ensure the safety of all clients. Specifically, the facility failed to ensure specific, consistent direction to staff regarding the security of personal items, including personal medications. This affected 1 of 1 clients (Client #3) identified as a result of facility self-reported incident #93502-I. Finding follows:  Record review on 9/28/20 revealed an incident report dated 9/15/20 at 12:00 p.m. written by the Residential Treatment Supervisor (RTS) C. The	W 104		

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W 104	<p>Continued From page 2</p> <p>report documented during a routine search of Client #3's room, Resident Treatment Worker (RTW) E found numerous small, round, yellow pills with a stamp on them hidden inside a box of puzzle pieces. The client reported he had ingested four to five of the pills since 9/11/20 when he acquired them, but none on 9/15/20.</p> <p>Review of the facility investigation report completed 9/21/20 revealed a total of 17 pills were recovered from Client #3's room on 9/15/20. The pills were determined to be Compazine 10mg. The investigation report noted Compazine often used as a nausea medication prescribed for cancer patients or to treat anxiety and available only by prescription. None of the individuals who lived in 202 Franklin were prescribed this medication.</p> <p>The Registered Nurse (RN) C evaluated the client at 1:17 p.m. on 9/15/20 and noted no concerns.</p> <p>When interviewed on 9/29/20 at 8:32 a.m. Client #3 reported he obtained the pills from a staff's black and red backpack during the overnight shift at least six weeks prior. He indicated indicated he could not remember which staff the bag belonged to. The client recalled he came out of his room in the middle of the night to use the restroom when he saw the backpack in a chair staff sat in when assigned to one of his peers. The staff had gone into the kitchen. Client #3 stated he looked through the bag quickly eventually finding the pills at the bottom. He stated he took the entire bottle back to his bedroom. He remembered the bottle being brown with a white cap and a black and white label on it. He estimated there were 40 to 50 pills in the bottle when he found it. Client #3 further reported he took four to five of the yellow pills that night and felt like he floated on a cloud</p>	W 104		

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W 104	<p>Continued From page 3</p> <p>before he ended up feeling sick. Client #3 hid the pills with a box of puzzle pieces and flushed the brown and white bottle down the toilet. Client #3 stated staff searched him and his room everyday per his program, but had never looked in his puzzle boxes before. He believed staff found 15 to 30 pills (staff revealed 17 pills were found). He reported he did not take anymore of the pills after the first night, when he took four or five. The client admitted he liked to steal things and lie. He did not know why.</p> <p>Additional record review revealed Client #3 was a 39 year-old male with diagnoses including, but not limited to mild intellectual disability and bipolar disorder. Client #3's Behavior Support Plan (BSP) dated 4/16/20 revealed room searches completed every a.m. and p.m. shift. The program indicated the client had restricted access to items that might be used for unsafe masturbation practices, defined as inserting items into the penis, wrapping items around the penis or other unsafe masturbation. Specific items identified included paint brushes, pens, pencils, key rings or other items where parts could be disassembled and inserted. The BSP also listed additional behaviors to be reduced, including stealing; defined as having in his possession someone else's personal items or property in his bedroom.</p> <p>During an interview on 9/29/20 at 1:30 p.m. the Pharmacist indicated when prescribed in tablet form, Compazine was typically used as an anti-psychotic and reported the dosage and frequency would vary person to person. The Pharmacist indicated there could be negative outcome with any medication taken in excess.</p>	W 104		

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W 104	<p>Continued From page 4</p> <p>When interviewed on 9/30/20 at 1:00 p.m. the RN C confirmed she assessed Client #3 on 9/15/20 after the pills were discovered in his bedroom. She recalled the client to be at baseline, meaning all vitals checked out normal. She looked up the medication and then informed all relevant physicians involved with the client of the medication and her assessment. She indicated she had not been made aware of any further medical complications related to the ingestion of the pills.</p> <p>When interviewed on 9/20/20 at 9:15 a.m. Residential Treatment Worker (RTW) E confirmed he found the pills in Client #3's room on 9/15/20. During a routine room search he asked the client to show him his best hiding spot. The client directed him to his puzzle boxes and when RTW E searched the puzzle box, he found small yellow pills with a stamped number on them. He remembered there were about 20 pills, but couldn't recall the exact number (later investigation revealed it was 17). The client admitted he had stolen them out of a staff bag or purse who worked 1:1 with another client. Client #3 never revealed the owner of the bag/purse he got into. Client #3 told RTW E he had stolen the pills the prior Friday evening (9/11/20) and used them to help him sleep ever since. RTW E reported he had done many room searches with Client #3 and usually found something during the searches. He also indicated they had a lot of non-regular staff who worked in the home and when they did they usually worked 1:1 with Client #3's peer.</p> <p>When interviewed on 9/29/20 at 12:42 p.m. Psychology Assistant (PA) C confirmed Client #3's BSP included room searches on each shift.</p>	W 104		

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W 104	<p>Continued From page 5</p> <p>She confirmed she trained many of the staff to conduct the room searches and told them to be very thorough and search everywhere. PA C indicated Client #3 constantly looked for opportunities to steal things and would take any opportunity he had to steal. She noted he often stole food and when told he could have the food if he would just ask, he reported he liked the thrill of stealing. PA C confirmed many non-regular staff worked in the home and often worked 1:1 with Client #3's peer. She confirmed the other client often spent time in his room and a chair had been placed outside his door for staff to sit in. She indicated staff often brought personal bags with them, which had their lunch or something to do to stay occupied as it likely got boring sitting there. She remembered seeing many different bags there, but none since this incident. She stated since this incident where Client #3 had likely gotten pills from staff bag, they retrained staff they are not allowed to have personal possessions out unattended on the unit.</p> <p>When interviewed on 9/29/20 at 1:03 p.m. Residential Treatment Supervisor (RTS) C confirmed she was present the day the pills were discovered in Client #3's room. She also confirmed Client #3's BSP included stealing. Client #3 indicated he loved to steal things and would at any opportunity. She reported he mostly stole items for inappropriate masturbation and food, but a few months prior had stolen Crystal Light flavor packets from RTW F's purse. She identified RTW F as a staff from another house who worked 1:1 with another client in the home. She reported RTW F had a personal bag with her and left it unattended on the unit. She also confirmed Client #3's bedroom used to be on the same hall as the client at the time of both</p>	W 104		

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W 104	<p>Continued From page 6</p> <p>incidents. Since the second incident discovered on 9/15/20 Client #3's bedroom had been moved to the other hall. Since the pills were found staff were told to leave personal items in the locked breakroom.</p> <p>When interviewed on 9/29/20 at 3:30 p.m. RTW F indicated she worked at 202 Franklin on several occasions. When she did she usually worked 1:1 with Client #2. When she worked with Client #2 she often carried some work supplies, a bottle of water and a bag of personal items. She remembered one occasion a few months earlier she left her personal bag unattended in the hallway when she took Client #2 to get medications. The next day Client #3 admitted to staff he had stolen a Crystal Light packets from a staff bag and consumed some of them. Staff then notified her of this and she confirmed two boxes of Crystal Light missing from her bag. Prior to the incident she indicated she thought it was okay to bring a bag with personal items when she worked with Client #2. She also stated she had no idea Client #3 might steal from her bag when she left it unattended. Since then she never left her bag out on any unit. Since the most recent incident where Client #3 stole pills staff have been told not to have their personal belongings unattended in any homes.</p> <p>When interviewed on 9/30/20 at 2:08 p.m. the Assistant Superintendent confirmed leaving medications unattended in client homes was not covered in a facility policy. She noted staff received training in Incident Management for reporting abuse and neglect that exposing clients to staff's personal medications could be considered neglect or denial of critical care. She also confirmed staff in supervisory positions were</p>	W 104		

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W 104	Continued From page 7  expected to tell staff to secure personal items/bags if they saw them out in any homes. She reported items are supposed to be locked in designated rooms in each home where clients won't have access.  These findings resulted in a determination of Immediate Jeopardy (IJ), due to concerns for client health and safety. The facility was notified of the IJ on 9/30/20 at 3:00 p.m. Based on corrective action completed prior to the determination of IJ, which included retraining of all staff to ensure all backpacks, bags, and medications were secured and not accessible to clients, the immediacy was removed.	W 104		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on interviews and record review, staff failed to demonstrate adequate skills to ensure supervision of clients and appropriately address client elopement. Staff failed to ensure appropriate accountability of clients and failed to efficiently address an incident of elopement. This affected 1 of 1 client (Client #1) identified as a result of facility self reported incident #92481-I. Findings follow:  Record review on 9/28/20 revealed an incident report (IR) dated 7/20/20 at 8:53 p.m., documented it had been reported to Treatment	W 189		

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W 189	<p>Continued From page 8</p> <p>Program Manager (TPM) A during rounds that Client #1 had been found in the street around 7:00 p.m. RTW A reported when she noticed him, she called 103 Franklin to let them know. RTW B ran out to Client #1 and pushed him back towards 103 Franklin. The IR noted assessment by Registered Nurse A revealed no injuries.</p> <p>Client #1, 68 years old, had diagnoses including, but not limited to bipolar disorder, autism spectrum disorder, severe intellectual disability, moderate to severe hearing loss, and difficulty standing or walking. Client #1 utilized a wheelchair for mobility purposes, which he could maneuver through his environment independently with his feet. Client #1's individual support plan (ISP) completed 3/17/20 noted Client #1 required general supervision on all shifts.</p> <p>Client #1's behavior support plan (BSP), implemented 4/1/20, noted, "(Client #1) is severe-to-profound hard of hearing in each ear... (Client #1) had a stroke and has limited mobility and strength in the right side of his body and requires the use of a wheelchair to get around and a lift for transfers. These limitations can be very frustrating for (Client #1) as he spent many years walking around campus. He may become more agitated and/or engage in behaviors to reduce when he isn't able to move around or engage in activities that he used to be able to (such as walking, transferring, etc.)." The BSP addressed AWOL (absence without leave) behaviors, defined as attempts and/or actual instances that Client #1 left his home/activity area/work site without informing staff. The BSP further noted if Client #1 was found outside of the house/work area and/or attempted to leave the area, staff should redirect him to an activity inside</p>	W 189		

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W 189	<p>Continued From page 9</p> <p>the area. If Client #1's whereabouts were unknown, staff should follow Woodward Resource Center (WRC) policy.</p> <p>According to the State Climatologist, the closest hourly reporting station, Grinnell Municipal Airport reported on 7/20/20 at 7:00 p.m. the temperature was 76 degrees fahrenheit (F) with no heat index and no cloud cover.</p> <p>Record review revealed Client #1's accountability sheet for 7/20/20 indicated RTW C took accountability for Client #1 from 3:45 p.m. to 4:35 p.m. RTW D had accountability from 4:35 p.m. - 6:15 p.m. and RTW C, again, took accountability from 6:15 p.m. - 7:15 p.m.</p> <p>When interviewed on 9/28/20 at 2:00 p.m. RTW A reported she worked at 108 Franklin. She could not be sure, but thought around p.m med pass 7:00 p.m. she looked out a window and saw a wheelchair on the backside of 103 Franklin. She didn't see staff, but wasn't initially sure there wasn't one near. She asked RTW B if he thought it was a client. They went to the kitchen door to look out and saw no staff. Client #1 began to push himself backwards and RTW B took off running toward him. RTW A called 103 Franklin and asked if they knew Client #1 was outside. They told her they didn't realize he was outside. At that time, Client #1 began to roll down the incline toward the road, as RTW B approached and intercepted him. Approximately 20 minutes later, TPM A came into 108 Franklin to complete rounds and she told her she saw Client #1 outside. RTW A explained general supervision is usually 15 minute checks, though it may depend on the person. Staff should first check the client when they sign the accountability sheet and then</p>		W 189		

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W 189	<p>Continued From page 10 every 15 minutes after.</p> <p>When interviewed on 9/28/20 at 2:25 p.m. RTW B reported around p.m. medication pass (approximately 7:00 p.m.) he saw RTW A by the front door at 108 Franklin looking out. He asked what she was looking at and she said there was a client on the sidewalk, but she couldn't see a staff. He looked out and saw the client, but didn't see a staff either. He said he would go and began down the street, toward the client. As he approached, Client #1 pushed himself back. The client hit the ramp toward the road and began to rotate. RTW B was there and stopped the wheelchair. At that time, staff from 103 Franklin came out. RTW B reported he didn't see any physical injuries. When he told Client #1 who he was and that he was going to help him back to his house, the client laughed and gave a thumbs up. RTW B indicated he didn't believe Client #1 had a tray on his wheelchair, but did have his seatbelt on. He could not recall what Client #1 wore. RTW B reported RTW A called 103 Franklin, but he did not notify anyone of the incident. RTW B reported staff should initially check a client when they sign the accountability sheet, and then every 15 minutes.</p> <p>When interviewed on 9/28/20 at 2:55 p.m. RTW C reported she worked at 103 Franklin the evening Client #1 left. She reported she watched all seven clients on that side of the home at the time he left. She could not recall when she signed Client #1's accountability, but knew it was after dinner. She reported when she took accountability for Client #1 she did not go see where he was and thought the last time she had seen him was after dinner in the living room. Client #1 went out and she did not know until</p>	W 189		

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W 189	<p>Continued From page 11</p> <p>someone called to tell her, at which time she immediately went after him. RTW C reported she did not check Client #1 after signing his accountability sheet, nor did she complete 15 minute checks on Client #1 at any time. RTW C reported she took took full responsibility for not completing checks on Client #1. She assumed he was in his bedroom.</p> <p>When interviewed on 10/8/20 at 2:00 p.m. RTW D reported he worked at WRC one or two days when the incident occurred. RTW D had been signed into Client #1's group earlier in the evening, but had signed out for break and to cover on the female side of the home during staff breaks. RTW D stated RTW C signed into his group, which included Client #1, during this time. He returned to the male side of the home after approximately an hour and had just sat down when the phone rang and they were informed Client #1 was outside. He reported he had not yet signed back into the accountability for Client #1 or the other individuals in the group. RTW D and RTW C went outside after Client #1 and saw a staff from another home running toward him. RTW D reported Client #1 did not appear to have any physical injuries. RTW D reported he had not seen Client #1 since after dinner, about an hour or so prior. RTW D reported he did not report to anyone that Client #1 left the home. He was under the impression someone from another home had him in their sights when he was outside. He called the Team 2 Resident Treatment Supervisor (RTS) and was told it was not reportable when he explained to her the client was in staff sight while gone.</p> <p>When interviewed on 9/28/20 at 3:30 p.m. Team 2 RTS reported she was paged and returned the</p>	W 189		

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

PRINTED: 11/16/2020  
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NAME OF PROVIDER OR SUPPLIER  WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1251 334TH STREET WOODWARD, IA 50276	
(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 189	<p>Continued From page 12</p> <p>call to RTW D at 103 Franklin. He reported Client #1 had been found outside down the sidewalk. She asked if Client #1 was out of staff sight and RTW D told her no. She informed him the incident would be considered AWOL (absent without leave), as defined by Client #1's behavior support plan and should be documented on the data sheet. She was later informed Client #1 had not been in staff sight while he was out of the home.</p> <p>Record review on 9/28/20 revealed the incident management policy, revised 4/18/18, indicated elopement occurred when an individual's location was unknown by staff who were assigned responsibility for oversight and when an individual on or off campus left without permission and was no longer in continuous oversight. The policy further directed, "When an employee determines that the individual's location on or off campus is unknown, the employee will immediately contact the switchboard..."</p> <p>When interviewed on 10/1/20 at 11:15 a.m. the Director of Quality Management confirmed staff failed to follow policy regarding notifications when an elopement occurs.</p> <p>Record review revealed the accountability policy, revised 3/22/18, indicated for individuals on general supervision, staff are required to complete 15 minute visual checks of each individual for whom they are responsible and accountable. This should be completed on each quarter hour of the clock (12, 3, 6, 9). It does not matter when staff took over accountability for an individual; they would still complete the 15-minute check at the designed interval.</p>	W 189		

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

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W 189	Continued From page 13  When interviewed on 9/30/20 at 2:10 p.m. the Assistant Superintendent and the Director of Quality Management revealed staff should be aware of individuals' whereabouts when taking accountability and should check on them every 15 minutes on the quarter-hour. They confirmed staff failed to follow the accountability policy.	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.   This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure consistent provision of supervision support as identified in the individual program plan. This affected 1 of 1 client identified as a result of facility self-reported incident #92481-I. Finding follows:  Record review on 9/28/20 revealed an incident report (IR) dated 7/20/20 at 8:53 p.m., documented it had been reported to Treatment Program Manager (TPM) A during rounds that Client #1 had been found in the street around 7:00 p.m. RTW A reported when she noticed him, she called 103 Franklin to let them know. RTW B ran out to Client #1 and pushed him back towards 103 Franklin. The IR noted assessment	W 249		

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

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FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1261 334TH STREET WOODWARD, IA 50276		
(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 249	<p>Continued From page 14</p> <p>by Registered Nurse A revealed no injuries.</p> <p>Client #1, 68 years old, had diagnoses including, but not limited to bipolar disorder, autism spectrum disorder, severe intellectual disability, moderate to severe hearing loss, and difficulty standing or walking. Client #1 utilized a wheelchair for mobility purposes, which he could maneuver through his environment independently with his feet. Client #1's individual support plan (ISP) completed 3/17/20 noted Client #1 required general supervision on all shifts.</p> <p>Client #1's behavior support plan (BSP), implemented 4/1/20, noted, "(Client #1) is severe-to-profound hard of hearing in each ear... (Client #1) had a stroke and has limited mobility and strength in the right side of his body and requires the use of a wheelchair to get around and a lift for transfers. These limitations can be very frustrating for (Client #1) as he spent many years walking around campus. He may become more agitated and/or engage in behaviors to reduce when he isn't able to move around or engage in activities that he used to be able to (such as walking, transferring, etc.)". The BSP addressed AWOL (absence without leave) behaviors, defined as attempts and/or actual instances that Client #1 left his home/activity area/work site without informing staff. The BSP further noted if Client #1 was found outside of the house/work area and/or attempted to leave the area, staff should redirect him to an activity inside the area. If Client #1's whereabouts were unknown, staff should follow Woodward Resource Center (WRC) policy.</p> <p>According to the State Climatologist, the closest hourly reporting station, Grinnell Municipal Airport</p>		W 249		

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

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(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)	(X6) COMPLETION DATE
W 249	<p>Continued From page 15</p> <p>reported on 7/20/20 at 7:00 p.m. the temperature was 76 degrees fahrenheit (F) with no heat index and no cloud cover.</p> <p>Observation of the area revealed a sidewalk from the backdoor of 103 Franklin to the street, approximately 60 yards.</p> <p>Record review revealed Client #1's accountability sheet for 7/20/20 indicated RTW C took accountability for Client #1 from 3:45 p.m. to 4:35 p.m. RTW D had accountability from 4:35 p.m. - 6:15 p.m. and RTW C, again, took accountability from 6:15 p.m. - 7:15 p.m.</p> <p>When interviewed on 9/28/20 at 2:00 p.m. RTW A reported she worked at 108 Franklin. She could not be sure, but thought around p.m med pass 7:00 p.m. she looked out a window and saw a wheelchair on the backside of 103 Franklin. She didn't see staff, but wasn't initially sure there wasn't one near. She asked RTW B if he thought it was a client. They went to the kitchen door to look out and saw no staff. Client #1 began to push himself backwards and RTW B took off running toward him. RTW A called 103 Franklin and asked if they knew Client #1 was outside. They told her they didn't realize he was outside. At that time, Client #1 began to roll down the incline toward the road, as RTW B approached and intercepted him. Approximately 20 minutes later, TPM A came into 108 Franklin to complete rounds and she told her she saw Client #1 outside. RTW A explained general supervision is usually 15 minute checks, though it may depend on the person. Staff should first check the client when they sign the accountability sheet and then every 15 minutes after.</p>	W 249		

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

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FORM APPROVED  
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NAME OF PROVIDER OR SUPPLIER  WOODWARD RESOURCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1261 334TH STREET WOODWARD, IA 50278	
(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)	(X6) COMPLETION DATE
W 249	<p>Continued From page 16</p> <p>When interviewed on 9/28/20 at 2:25 p.m. RTW B reported around p.m. medication pass (approximately 7:00 p.m.) he saw RTW A by the front door at 108 Franklin looking out. He asked what she was looking at and she said there was a client on the sidewalk, but she couldn't see a staff. He looked out and saw the client, but didn't see a staff either. He said he would go and began down the street, toward the client. As he approached, Client #1 pushed himself back. The client hit the ramp toward the road and began to rotate. RTW B was there and stopped the wheelchair. At that time, staff from 103 Franklin came out. RTW B reported he didn't see any physical injuries. When he told Client #1 who he was and that he was going to help him back to his house, the client laughed and gave a thumbs up. RTW B indicated he didn't believe Client #1 had a tray on his wheelchair, but did have his seatbelt on. He could not recall what Client #1 wore. RTW B reported staff should initially check a client when they sign the accountability sheet, and then every 15 minutes.</p> <p>When interviewed on 9/28/20 at 2:55 p.m. RTW C reported she worked at 103 Franklin the evening Client #1 left. She reported she watched all seven clients on that side of the home at the time he left. She could not recall when she signed Client #1's accountability, but knew it was after dinner. She reported when she took accountability for Client #1 she did not go see where he was and thought the last time she had seen him was after dinner in the living room. Client #1 went out and she did not know until someone called to tell her, at which time she immediately went after him. RTW C reported she did not check Client #1 after signing his accountability sheet, nor did she complete 15</p>	W 249		

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

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W 249	<p>Continued From page 17</p> <p>minute checks on Client #1 at any time. RTW C reported she took full responsibility for not completing checks on Client #1. She assumed he was in his bedroom.</p> <p>When interviewed on 10/8/20 at 2:00 p.m. RTW D reported he worked at WRC one or two days when the incident occurred. RTW D had been signed into Client #1's group earlier in the evening, but had signed out for break and to cover on the female side of the home during staff breaks. RTW D stated RTW C signed into his group, which included Client #1, during this time. He returned to the male side of the home after approximately an hour and had just sat down when the phone rang and they were informed Client #1 was outside. He reported he had not yet signed back into the accountability for Client #1 or the other individuals in the group. RTW D and RTW C went outside after Client #1 and saw a staff from another home running toward him. RTW D reported Client #1 did not appear to have any physical injuries.</p> <p>When interviewed on 9/30/20 at 2:10 p.m. the Assistant Superintendent and the Director of Quality Management confirmed staff failed to provide adequate supervision of Client #1.</p>	W 249		

OK  
11/19/20

### **Woodward Resource Center (WRC)**

#### **Standard Level Plan of Correction for DIA Investigation #93502-I**

**Tag W-102 – Condition of Participation: Governing Body and Management– CFR(s): 483.410:** The facility must ensure that specific governing body and management requirements are met.

DIA found the facility staff failed to maintain minimal compliance with the Condition of Participation-Governing Body. The Governing Body failed to provide adequate operating direction to consistently provide for the health and safety of clients. Cross referenced W104: the facility failed to consistently provide adequate operating direction, specifically regarding security of personal staff items, to ensure the safety of all clients.

#### **Individual response:**

September 28, 2020 staff at Client 1's home were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure Clients do not have access.

September 24, 2020 through October 1, 2020 staff at the remaining 10 homes were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure clients do not have access.

September 30, 2020 through October 22, 2020 staff at all 11 homes were trained and signed a training sheet to keep their personal belongings which may include but is not limited to medications (prescription or non-prescription), lighters, cigarettes, food items, etc. secured by locking them in their vehicle or in a locked breakroom.

**Responsible:** Assistant Superintendent

**Date Completed:** October 22, 2020

#### **Systemic response:**

WRC will continue to provide Initial training to staff in new employee orientation and provide annual Incident Management and Reporting Abuse/Neglect training to employees that includes not exposing clients to staff's personal medications and/or other substances.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Key Management Policy that includes house office and break room doors must be kept closed and locked at all times.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Food Safety Precautions Policy that includes when staff bring in food, snacks and/or liquids that is intended for staff's personal use, it is necessary that they safeguard these items in break rooms or other secured location that individuals do not have access. Staff carrying snack items

on their person or in a purse, backpack, cooler, etc. need to secure them so individuals do not have access.

On October 30<sup>th</sup> WRC developed Employee Personal Possessions Policy #7.0.3 which includes staff securing personal belongings, purses, back backs, bags, coolers, etc. in the breakroom, in their personal vehicle, or other secured location that individuals do not have access to. This includes, but is not limited to securing prescription and non-prescription medications, food items, liquids, lighters, cigarettes and other tobacco products. The policy is currently being trained to all staff. WRC will provide initial training of this policy to staff in new employee orientation and provide annual training to all staff.

WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

**Responsible:** Superintendent

**Date completed:** December 04, 2020, and on-going

**Tag W-104 – Governing Body – CFR(s): 483.410(a)(1):** The governing body must exercise general policy, budget, and operating direction over the facility.

DIA found the facility failed to consistently provide adequate operating direction to ensure the safety of all clients. Specifically, the facility failed to ensure specific, consistent direction to staff regarding the security of personal items, including personal medications.

**Individual response:**

September 28, 2020 staff at Client 1's home were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure Clients do not have access.

September 24, 2020 through October 1, 2020 staff at the remaining 10 homes were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure clients do not have access.

September 30, 2020 through October 22, 2020 staff at all 11 homes were trained and signed a training sheet to keep their personal belongings which may include but is not limited to medications (prescription or non-prescription), lighters, cigarettes, food items, etc. secured by locking them in their vehicle or in a locked breakroom.

**Responsible:** Assistant Superintendent

**Date Completed:** October 22, 2020

**Systemic response:**

WRC will continue to provide initial training to staff in new employee orientation and provide annual Incident Management and Reporting Abuse/Neglect training to employees that includes not exposing clients to staff's personal medications and/or other substances.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Key Management Policy that includes house office and break room doors must be kept closed and locked at all times.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Food Safety Precautions Policy that includes when staff bring in food, snacks and/or liquids that is intended for staff's personal use, it is necessary that they safeguard these items in break rooms or other secured location that individuals do not have access. Staff carrying snack items on their person or in a purse, backpack, cooler, etc. need to secure them so individuals do not have access.

On October 30<sup>th</sup> WRC developed Employee Personal Possessions Policy #7.0.3 which includes staff securing personal belongings, purses, back backs, bags, coolers, etc. in the breakroom, in their personal vehicle, or other secured location that individuals do not have access to. This includes, but is not limited to securing prescription and non-prescription medications, food items, liquids, lighters, cigarettes and other tobacco products. The policy is currently being trained to all staff. WRC will provide initial training of this policy to staff in new employee orientation and provide annual training to all staff.

WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

**Responsible:** Superintendent

**Date completed:** December 04, 2020, and on-going

**Woodward Resource Center (WRC)**

**Standard Level Plan of Correction for DIA Investigation #92481-I**

**Tag W-189 – Staff Training Program – CFR(s): 483.430(e)(1):** The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

DIA found the facility staff failed to demonstrate adequate skills to ensure supervision of clients and appropriately address client elopement. Staff failed to ensure appropriate accountability of clients and failed to efficiently address an incident of elopement.

**Individual response:**

RTW C received appropriate discipline on August 19, 2020.

RTW D received appropriate discipline on August 19, 2020.

RTW C was retrained on Client 1's ISP on August 05, 2020.

RTW C was retrained on Client 1's BSP on August 05, 2020.

RTW C was retrained on the Incident Management Policy on August 05, 2020.

RTW C was retrained on the Accountability Procedures on August 05, 2020.

RTW D was retrained on the Incident Management Policy on October 03, 2020.

**Responsible:** Assistant Superintendent

**Date Completed:** October 03, 2020

**Systemic response:**

WRC will continue to provide annual training on the Incident Management Policy to all staff.

WRC will continue to provide annual training on the Accountability Procedures to staff who have accountability for clients.

WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

**Responsible:** Superintendent

**Date completed:** October 03, 2020, and on-going

**Tag W-249 – Program Implementation – CFR(s): 483.440(d)(1):** As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active

treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

DIA found the facility failed to ensure consistent provision of supervision support as identified in the individual program plan.

**Individual response:**

RTW C received appropriate discipline on August 19, 2020.

RTW D received appropriate discipline on August 19, 2020.

RTW C was retrained on Client 1's ISP on August 05, 2020.

RTW C was retrained on Client 1's BSP on August 05, 2020.

RTW C was retrained on the Incident Management Policy on August 05, 2020.

RTW C was retrained on the Accountability Procedures on August 05, 2020.

RTW D was retrained on the Incident Management Policy on October 03, 2020.

**Responsible:** Assistant Superintendent

**Date Completed:** October 03, 2020

**Systemic response:**

WRC will continue to provide annual training on the Incident Management Policy to all staff.

WRC will continue to provide annual training on the Accountability Procedures to staff who have accountability for clients.

WRC will continue to provide each client with a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of objectives identified in the individual program plan. WRC will seek opportunities to improve services provided to clients served and modify plans based on identified improvement areas.

WRC will continue to monitor the implementation of programs through Program Implementation Monitors completed at each house on campus to ensure that each client receives aggressive and continuous training, treatments and supports in accordance with their needs and individual program plan.

**Responsible:** Superintendent

**Date completed:** October 03, 2020, and on-going

**Woodward Resource Center (WRC)**

**Citation Level Plan of Correction for DIA Investigation FC#9027**

**Tag W-102 – Condition of Participation: Governing Body and Management– CFR(s): 483.410:** The facility must ensure that specific governing body and management requirements are met.

**Individual response:**

September 28, 2020 staff at Client 1's home were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure Clients do not have access.

September 24, 2020 through October 1, 2020 staff at the remaining 10 homes were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure clients do not have access.

September 30, 2020 through October 22, 2020 staff at all 11 homes were trained and signed a training sheet to keep their personal belongings which may include but is not limited to medications (prescription or non-prescription), lighters, cigarettes, food items, etc. secured by locking them in their vehicle or in a locked breakroom.

**Responsible:** Assistant Superintendent

**Date Completed:** October 22, 2020

**Systemic response:**

WRC will continue to provide initial training to staff in new employee orientation and provide annual Incident Management and Reporting Abuse/Neglect training to employees that includes not exposing clients to staff's personal medications and/or other substances.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Key Management Policy that includes house office and break room doors must be kept closed and locked at all times.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Food Safety Precautions Policy that includes when staff bring in food, snacks and/or liquids that is intended for staff's personal use, it is necessary that they safeguard these items in break rooms or other secured location that individuals do not have access. Staff carrying snack items on their person or in a purse, backpack, cooler, etc. need to secure them so individuals do not have access.

On October 30<sup>th</sup> WRC developed Employee Personal Possessions Policy #7.0.3 which includes staff securing personal belongings, purses, back backs, bags, coolers, etc. in the breakroom, in their personal vehicle, or other secured location that individuals do not have access to. This includes, but

is not limited to securing prescription and non-prescription medications, food items, liquids, lighters, cigarettes and other tobacco products. The policy is currently being trained to all staff. WRC will provide initial training of this policy to staff in new employee orientation and provide annual training to all staff.

WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

**Responsible:** Superintendent

**Date completed:** December 04, 2020, and on-going

**Tag W-104 – Governing Body – CFR(s): 483.410(a)(1):** The governing body must exercise general policy, budget, and operating direction over the facility.

**Individual response:**

September 28, 2020 staff at Client 1's home were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure Clients do not have access.

September 24, 2020 through October 1, 2020 staff at the remaining 10 homes were retrained at cross shift to secure personal belongings, purses, back packs, and bags in the breakroom, including medications, to ensure clients do not have access.

September 30, 2020 through October 22, 2020 staff at all 11 homes were trained and signed a training sheet to keep their personal belongings which may include but is not limited to medications (prescription or non-prescription), lighters, cigarettes, food items, etc. secured by locking them in their vehicle or in a locked breakroom.

**Responsible:** Assistant Superintendent

**Date Completed:** October 22, 2020

**Systemic response:**

WRC will continue to provide initial training to staff in new employee orientation and provide annual Incident Management and Reporting Abuse/Neglect training to employees that includes not exposing clients to staff's personal medications and/or other substances.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Key Management Policy that includes house office and break room doors must be kept closed and locked at all times.

WRC will continue to provide initial training to staff in new employee orientation and provide annual training on the Food Safety Precautions Policy that includes when staff bring in food, snacks and/or liquids that is intended for staff's personal use, it is necessary that they safeguard these items in break rooms or other secured location that individuals do not have access. Staff carrying snack items on their person or in a purse, backpack, cooler, etc. need to secure them so individuals do not have access.

On October 30<sup>th</sup> WRC developed Employee Personal Possessions Policy #7.0.3 which includes staff securing personal belongings, purses, back backs, bags, coolers, etc. in the breakroom, in their personal vehicle, or other secured location that individuals do not have access to. This includes, but is not limited to securing prescription and non-prescription medications, food items, liquids, lighters, cigarettes and other tobacco products. The policy is currently being trained to all staff. WRC will provide initial training of this policy to staff in new employee orientation and provide annual training to all staff.

WRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently.

**Responsible:** Superintendent

**Date completed:** December 04, 2020, and on-going

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

**Individual response:**

RTW C received appropriate discipline on August 19, 2020.

RTW D received appropriate discipline on August 19, 2020.

RTW C was retrained on Client 1's ISP on August 05, 2020.

RTW C was retrained on Client 1's BSP on August 05, 2020.

RTW C was retrained on the Incident Management Policy on August 05, 2020.

RTW C was retrained on the Accountability Procedures on August 05, 2020.

RTW D was retrained on the Incident Management Policy on October 03, 2020.

**Responsible:** Assistant Superintendent

**Date completed:** October 03, 2020

**Systemic response:**

WRC will continue to provide annual training on the Incident Management Policy to all staff.

WRC will continue to provide annual training on the Accountability Procedures to staff who have accountability for clients.

WRC will continue to provide each client with a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of objectives identified in the individual program plan. WRC will seek opportunities to improve services provided to clients served and modify plans based on identified improvement areas.

WRC will continue to monitor the implementation of programs through Program Implementation Monitors completed at each house on campus to ensure that each client receives aggressive and continuous training, treatments and supports in accordance with their needs and individual program plan.

**Responsible:** Superintendent

**Date completed:** October 03, 2020, and on-going