STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G132	A. BUILDING _____ B. WING _____	C 01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIORAL TECHNOLOGIES-MARION	2542 EAST MARION STREET DES MOINES, IA 50320

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS At the time of investigation #80056-I, a deficiency was cited at W249.	W 000		
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 clients received supports and services as identified in the Behavior Support Plan (BSP). This affected 1 of 1 sample clients (Client #1) identified as a result of facility self reported incident #80056-I. Finding follows: Record review on 12/13/18 revealed an incident/accident report, dated 11/13/18 at 3:30 p.m., documented Client #1 walked into Family Dollar while staff attended to another client and was left unattended for five minutes. Continued record review revealed the facility's investigation into the incident, undated, concluded Client #1 was absent from the group for approximately 20 minutes when they went to get haircuts on 11/13/18. When found, Client #1 was taken to urgent care for assessment. No injuries were noted. The investigation documented Client	W 249	See attached POC 2/8/19	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 249	Continued From page 1 #1 required continuous monitoring when on outings for his safety. The investigation further concluded Staff A failed to adequately monitor Client #1 and ensure his safety. Record review revealed the following: a. Client #1, 63 years old, was admitted to the facility on 9/18/86. Client #1 had diagnoses including: profound intellectual disability. seizure disorder, anxiety disorder, and aggression. b. Client #1's Behavior Support Plan (BSP), dated 12/10/18, "(Client #1) will be continuously monitored when on outings (i.e. activities, etc)." The BSP also directed Client #1 would be monitored with three minute checks throughout his day during waking hours and intermittently during the night and resting times. c. Client #1's Comprehensive Functional Assessment (CFA), completed, 12/12/17, indicated needs as follows: demonstrating interaction with others, demonstrating decision making and problem solving skills, ability to state/sign their name, crossing the street by looking both ways or following stop lights, identifying community signs by gestures (pointing, pick up, etc.), and verbally naming or signing community signs. Record review on 12/19/18 revealed a New Employee Checklist for Developmental Specialist A (DS A). The checklist indicated she had read each clients Person Centered Program Plan with an emphasis on individual monitoring time and that she had read each clients Behavior Support Plan (BSP).	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 249	Continued From page 2 Staff A was unavailable for interview; however, her statement was available for review. According to Staff A's statement, dated 11/13/18, she went to Great Clips with clients and the Program Coordinator (PC). While she assisted other clients at Great Clips, she realized Client #1 was not present. The PC walked next door to Family Dollar where she saw Client #1 looking at Christmas decorations. When interviewed on 12/13/18 at 1:45 p.m., the PC stated she arrived at Great Clips to assist with the outing. She thought Client #1 was with Staff A but she was on the phone. The PC assisted another client into Great Clips and to the restroom. When she came out she noticed Client #1 was not present. They began to look for Client #1 and found him next door in the Family Dollar store. Client #1 was smiling happy when the PC found him. The PC reported Staff A had signed into Client #1 and was responsible for his constant supervision. Client #1 was taken to urgent care for assessment as a precautionary measure. When interviewed on 12/13/18 at 2:30 p.m., Staff B reported all four clients were on the van to the Great Clips outing. Staff B assisted another client and Client #1 got out of the van on his own, on Staff A's side of the van. The group went into Great Clips. Staff A did not know Client #1 was not there until the PC came out of the restroom and asked where he was. Staff A did not pay attention and was on her phone. Staff B reported Client #1 was out of staff sight approximately 20 minutes. When interviewed on 12/17/18 at 2:30 p.m. the Director of ICF/ID Services confirmed staff failed	W 249		

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W 249	Continued From page 3 to assist Client #1 into Great Clips and left him unsupervised for approximately 20 minutes. She further reported the staff who failed to provide the supervision was terminated.	W 249		

3/22/19 OK 3/20/19

Behavioral Technologies Marion #80056-I
Plan of Correction 1/24/19

W 249

FACILITY WIDE: BT staff will be retrained on their clients monitoring times from their Behavior Support Plan (BSP) or Individual Program Plan (if a client does not have a BSP). This training will include the clients monitoring when out of the house in public (such as activities, appointments, etc.) This training will be set up by the Director of ICF/ID Services. The group home Program Coordinators will complete the trainings with their staff.

Each group home's Program Coordinator will monitor that their staff are following each client's monitoring times during the scheduled floor times. The Program Coordinator Supervisor, QIDP and Director of ICF/ID Services will also monitor staff for implementing client monitor times during their house visit times.

Completion Date: 2/8/19