

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

✓ 12/18/17 ok 12/15/17

PRINTED: 12/05/2017
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/20/2017 |
| NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534 | |
| (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 | W 000 | | |
| W 153 | <p>Investigation #72024-I was conducted on 11/14/17-11/20/17 and resulted in a deficiency written at W153.</p> <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> <p>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to identify and report all allegations of potential abuse/neglect to the Iowa department of Inspections and Appeals. The sample consisted of 1 client (Client #1) during investigation#72024-I.</p> <p>Finding follows:</p> <p>Record review identified Client #1's Type 1 Incident Investigation Report, dated 10/11/17, documented the following: Resident Treatment Worker (RTW A) reported she heard (RTW B) yell at (Client #1). (RTW A) reported (RTW B) escorted (Client #1) to her bedroom and she (suspected) physical abuse occurred.</p> <p>Additional record review identified the facility policy, dated 6/2/17, directed the staff to: When an employee suspects, has knowledge of, or receives a report of abuse that may have been caused by a person other than a resource center</p> | W 153 | <p>See attached</p> <p>POC 10/25/17</p> | |

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.

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

PRINTED: 12/05/2017
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 11/20/2017 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534 | | |
| (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>employee, contractor, or volunteer, the employee shall also verbally report this information immediately to the supervisor ...</p> <p>When interviewed on 11/14/17 at 5:18 p.m. RTW A reported on approximately 8/18/17 after the evening meal, she sat in the living area and could hear an interaction between RTW B and Client #1, in the next room. According to RTW A, Residential Treatment Supervisor (RTS) A assisted her with the date after they looked at schedules. RTW A believed RTW C was also in the next room. She stated RTW B caught Client #1 with her pop [soda drink], which sat on top of a cabinet next to the break room. She heard Client #1 climb up a cabinet, reached for RTW B's pop and he/she spilled the pop on him/herself. According to RTW A, RTW B placed her pop on the top of the cabinet "all the time." RTW A stated RTW B started calling Client #1 names. RTW B stated to Client #1, "God, I hate you." Client #1 had his/her wheelchair with him/her, but RTW B walked Client #1 back into the living area. RTW B "slammed" Client #1 into a rocker, approximately four feet from RTW A. RTW A stated Client #1' shirt was wet. RTW B stated to Client #1, "I can't stand to look at you" and "I hate you." RTW A and RTW B were not getting along, because RTW A was new. RTW B stared at RTW A before she walked away; RTW A described the situation as scary. Approximately five to ten minutes later, RTW B grabbed Client #1 and took him/her to his/her bedroom. RTW B stayed in Client #1's bedroom for approximately ten minutes, but RTW A did not know what they were doing. Client #1 did not come out of his/her bedroom the rest of the night. RTW A went to check on Client #1, to check for bruising, but Client #1 was asleep. RTW A reported Client #1</p> | W 153 | | | |

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

PRINTED: 12/05/2017
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 11/20/2017 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534 | | |
| (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>did not do anything during the incident; he/she is always smiling or laughing. Later that evening, RTW B and RTW C sat together when RTS B came into the house. RTS B asked where Client #1 was and RTW C told her Client #1 did not feel well. RTW A also reported that same night she heard RTW D make the comment, "snitches get stitches," but did not know the context. According to RTW A, she was afraid to report the incident because of retaliation. She also felt like everyone was trying to get rid of her, as people were making it impossible for her to thrive. RTW A explained how RTS A told her people were complaining about her. RTW A stated if they are complaining about her then maybe she should complain about others. RTW A then reported the incident between RTW B and Client #1. RTW A no longer works for the facility.</p> <p>When interviewed on 11/20/17 at 10:15 a.m. Treatment Program Administrator (TPA) A indicated the incident RTW A reported appeared to be a late report. She stated RTW A was indecisive on the month and/or day the incident occurred. RTS A assisted RTW A come up with the date of the incident through process of elimination by who was present.</p> | W 153 | | | |

OK
12/15/17

**Glenwood Resource Center
Plan of Correction
DIA Investigation #72024-I**

W-153 – 483.420(d)(2): The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

On October 11, 2017, RTW A reported she heard RTW B yell at Client #1. RTW A reported RTW B escorted Client #1 to her bedroom and she suspected physical abuse occurred. RTW A reported this incident occurred on approximately 8/17/17. The thorough investigation completed by the facility, identified that despite having been trained on abuse reporting requirements during the month prior to the alleged incident, RTW A failed to report suspected abuse to supervisory staff as required by the Incident Management Policy.

September 3rd, 2017 –October 4th, 2017 RTW A received 8 verbal counseling sessions with supervisory personnel addressing concerns with work performance. RTW A received corrective feedback and training to improve work performance during these meetings.

September 27th, 2017 RTW A was separated from her assigned work location due to allegation made against her for using profanity in front of a client. GRC took immediate action to address the incident to ensure safety of Client A. GRC initiated thorough investigation.

October 3rd, 2017 investigation completed. RTW A reported she may have used profanity; however it was not directed at a person who receives services at GRC. Verbal abuse was unsubstantiated.

October 6th, 2017-October 10th, 2017 RTW A off work for personal reasons.

October 11th, 2017 RTW A reported to supervisory personnel concerns with RTW B and RTW C. RTW A reported she overheard RTW C say, “Snitches get stiches.” During this report, RTW A reported an alleged incident involving possible verbal and physical abuse to Client B by RTW B. RTW A could not recall date of incident. Following report, an internal investigation was initiated and report was made to DIA.

October 13th, 2017 following RTW A’s interview with GRC investigator, RTW A turned in her resignation to supervisor stating, “I’m going to get fired anyways.”

Through GRC’s self-reported abuse investigation, physical and verbal abuse was unsubstantiated involving RTW B. This incident was not reported timely by RTW A per GRC’s Incident Management Policy. Through GRC’s investigation, RTW A stated she was intimidated by RTW C’s comment “snitches get stiches” and chose not to report incident in a timely manner.

Individual Response

GRC fully reviewed the incidents and found that trained employee, RTW A, failed to report suspected abuse in a manner consistent with competency-based training. RTW A had been trained on abuse reporting requirements on July 30, 2017. GRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently. On October 13, 2017, RTW A submitted her resignation from the facility.

Responsible: Treatment Program Administrator

Date Completed: 10/25/17