

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

Citation Number: 1015				
		Date: June 14, 2021		
Facility Name: Glenwood Resource Center		Survey Dates: May 10, 2021 – May 25, 2021		
Facility Address/City/State/Zip 711 So. Vine St. Glenwood, Ia.				
		LK	97277 & 97262	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

<b>64.60</b>	<p><b>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.</b></p> <p><b>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.</b></p> <p><b>This rule is intended to implement Iowa Code Section 135C.2(3).</b></p> <p><b>DESCRIPTION:</b></p> <p><b>The facility must ensure that specific facility staffing requirements are met.</b></p> <p><b>This condition is not met as evidenced by: Based on interviews and record review, the facility failed to comply with the Condition of Participation (COP): Facility Staffing. The facility failed to provide adequate training to</b></p>	<b>I</b>	<b>\$2,750.00</b>	<b>Upon Receipt</b>
<b>W158</b>				

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Facility Administrator

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<b>W186</b>	<p><b>ensure staff competently and consistently demonstrated skills and supervision supports to ensure client safety.</b></p> <p><b>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</b></p> <p><b>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</b></p> <p>Based on interviews and record reviews, the facility failed to provide sufficient staff to manage and supervise clients as outlined by their individual program plans (IPPs). This affected 1 of 1 client identified during the investigation of #97262-I (Client #5).</p> <p>1. Record review on 5/10/21 revealed an Incident Report (IR) written by Resident Treatment Worker (RTW) C on 4/3/21, indicated Client #5 made a suicide attempt. The IR also indicated police and Emergency Medical Staff (EMS) removed a cord when Client #5 wrapped it around her neck.</p>			
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	<p>Record review on 5/12/21 revealed the staff schedule for House 473, Client #5's home. The schedule indicated two RTWs on the shift and one Resident Treatment Supervisor (RTS) until 6:00 p.m.</p> <p>When interviewed on 5/12/21 at 3:15 p.m. RTS C recalled an incident involving Client #5 on 4/3/21. She stated she set the schedule and commented they were short staff. She said she worked the floor and left to administer medication at another house. She confirmed only two staff remained in Client #5's home while she administered medications. She further confirmed one staff supervised Client #30 one on one (1:1) and one staff held responsibility for the remaining seven clients in the home, including Client #5.</p> <p>When interviewed on 5/12/21 at 4:55 p.m., RTW C confirmed he worked with Client #5 on 4/3/21. He noted he worked with RTW N and RTS C because they were short staff. He confirmed RTS C left to administer medications and was not in the home when Client #5 called 911 and reported she intended to hurt herself. He noted he and RTW N were the only two staff in the home with eight clients at the time. He described staffing as "bad that day" and explained RTS C worked as an RTW for part of the evening shift. He said Client #5 got mad because a staff called in and</p>			
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	<p>with limited staff; any activities outside the home were limited. He confirmed RTW N worked 1:1 with Client #30 and he said holding accountability for the seven clients is usually "manageable" as long as the clients are "well-behaved". RTW C confirmed he heard Client #5 on the phone and recalled she gave her name and address. He also noted she said she wanted to hurt herself. RTW C did not consider the statement a suicide threat and believed it was a threat of Self-Injurious Behavior (SIB); however, he acknowledged Client #5 had a history of making suicide threats and had wrapped clothing and wire around her neck. He said following the statement Client #5 walked to her room and he watched her close her door before returning to the kitchen to make dinner. RTW C said RTS C and a police officer were the next people to see and talk with Client #5. He recalled RTW N called RTS C when Client #5 made the call to 911. RTW C said when a client makes a suicide threat staff should call a supervisor and a nurse for an assessment.</p> <p>When interviewed on 5/12/21 at 4:00 p.m., RTW N recalled working 1:1 with Client #30 on 4/3/21. She stated they were "short" with only two staff and RTS C covering the area. She said they usually have three to four staff to cover the floor. She recalled she and RTW C covered the floor</p>			
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	<p>while RTS C went next door to administer medications. RTW N said she provided 1:1 supervision to Client #30 in the dining room and RTW C cooked supper in the kitchen. She noted Client #5 became upset when she found out RTW N would not be providing her supervision for the shift. She then explained the incident of calling 911 and threatening to hurt herself. RTW N felt the lack of staff may have contributed to Client #5 negative behaviors on 4/3/21 since there was little opportunity to provide attention. She said Client #5 engaged in behaviors to elicit attention from staff.</p> <p>Record review on 5/13/21 revealed facility accountability sheets for the eight clients present in the house on 4/3/21. RTW C's signature appeared on seven of the accountability sheets to cover the shift from 2:15 p.m. - 10:15 p.m. When interviewed on 5/12/21 at 6:25 p.m. RTS E confirmed she worked as the house RTS and identified three staff as the minimum number of staff to meet client needs. She adamantly voiced concern that no staff should leave if only three staff were present on shift. She said staff should call and get a replacement staff if someone needed to leave.</p> <p>When interviewed on 5/13/21 at 10:00 a.m., Registered Nurse (RN) A confirmed she</p>			
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	<p>responded to a page on 4/3/21 to come to house 473. She said she did not regularly work at the house but worked on 4/3/21 due to short staff.</p> <p>When interviewed on 5/13/21 at 12:10 p.m. Qualified Intellectual Disability Professional (QIDP) H stated when eight clients are in the home at least three staff needed to be on the floor. She noted she preferred four staff in the home and explained there had been issues when they had fewer staff present in the home. She named the Treatment Program Administrator (TPA) as the person responsible to set the schedule and the number of staff needed per house.</p> <p>When interviewed on 5/13/21 at 1:10 p.m. the TPA confirmed the facility generally scheduled four staff for Client #5's house. He said if everything went smoothly, a one to seven (1:7) staff to client ratio would be permissible but he would not advise a 1:7 ratio if clients exhibited precursor behaviors on the shift. He noted any type of precursor behavior should be communicated to the RTS so appropriate staff levels could be ensured.</p> <p>When interviewed on 5/17/21 at 5:45 p.m. Psychology Assistant (PA) B admitted a 1:7 staff to client ratio may be "tough". He said they</p>			
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	<p>needed three to four staff in the house to keep everyone safe when behaviors occurred. When re-interviewed on 5/17/21 at 6:00 p.m. RTS E stated she did not work on 4/3/21. She explained Client #5 had a history of waiting until a supervisor left the house before engaging in the behaviors identified in her BSP. She commented with limited staff, Client #5 might have seen an opportunity to engage in negative behaviors.</p> <p>When interviewed on 5/18/21 at 2:30 p.m. RTS F confirmed he shared the responsibility of setting the staff schedule with RTS C. He said typically, the office RTS does rounds and responds to staff requests, but acknowledged RTS C could work the floor if staff shortage existed on a shift. He commented staff shortages were common recently. He said he would not recommend providing only two staff in Client #5's house.</p> <p>When re-interviewed on 5/19/21 at 2:35 p.m. RTS C confirmed she worked on the floor with RTWs C and N on 4/3/21 due to staff shortage. She said she called the TPA and they decided she needed to work as an RTW /CMA (Certified Medication Aide) to provide support for the clients. She reviewed the staff accountability sheets dated 4/3/21 and confirmed RTW C held responsibility for seven clients while RTW N provided 1:1 supervision to Client #30. RTS C</p>			
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	<p>clarified that when staff provide 1:1 supervision they are not available to intervene in other issues should they arise. She did not recall Client #5 engaging in any precursor behaviors prior to leaving to administer medications at the house next door. She did not recall Client #5 making any phone calls that day, but she verified staff should supervise the dialing of calls to assure she did not call 911. RTS C said she received a call from staff shortly after arriving at House 474 to report Client #5 called 911. She recalled she finished administering a medication and went back to House 473. She said when she got back to the house Client #5 sat in the day room talking with the Police Captain. RTS C said Client #5 asked to speak to the officer in private so they all went back to her room, shortly after EMS arrived. RTS C said she paged Registered Nurse (RN) A at the request of one of the paramedics and then EMS A came out with a scissors and pieces of a cord. She explained Client #5 put the cord around her neck and EMS A cut it off.</p> <p>When asked what staff should have done when Client #5 stated she intended to hurt herself during the 911 call, RTS C said it was a precursor to a suicide threat. She said she would have followed the suicide protocol and called the nurse. RTS C stated she worked the floor because of a staff shortage on 4/3/21 and noted if there had</p>			
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<b>W193</b>	<p>been another staff available, she would not have had to leave the building to administer medications next door.</p> <p>In summary, the unavailability of staff on 4/3/21 resulted in Client #5 becoming upset. She subsequently called 911, made a suicide threat and later made a suicide attempt. Staff interviews revealed staff engaged in other activities and failed to provide supervision and attention to Client #5.</p> <p><b>Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</b></p> <p>Based on observation, interview and record review, the facility failed to provide necessary training to implement client behavior support programs (BSP). This affected 1 of 1 sample client involved in investigation # 97262-I (Client #5 Findings follow:</p> <p>1. Record review on 5/10/21 revealed Client #5's IR dated 4/3/21. RTW C documented supervisors removed cut wire from Client #5's room after</p>			
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	<p>Emergency Medical Staff (EMS) and police reported she attempted to wrap it around her neck. RN A documented she arrived at the house and staff informed her Client #5 had a cord around her neck and staff cut it off. She noted emergency personnel restrained her and administered a chemical restraint prior to transporting her to the hospital. RN A later documented a clarification that paramedics removed a cord from around Client #5's neck and gave it to the supervisor.</p> <p>Record review revealed a facility Type 1 investigation included RTW C's statement taken on 4/5/21. RTW C confirmed Client #5 told him she intended to call the police and dialed 911. He reported she told the police she was going to hurt herself and went to her room to wait for the police.</p> <p>Review of Client #5's event log on 4/3/21 revealed RTW C documented Client #5 complained about staff and paced around the house refusing to talk with staff or to participate in activities. He noted she began to use the phone "inappropriately" and called the police. RTW C wrote EMS staff arrived and reported Client #5 attempted to wrap a cord around her neck while they attempted to de-escalate her.</p>			
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	<p>Continued record review revealed Client #5's Behavior Support Plan (BSP), implementation date 3/8/21. The plan included restriction of use of the phone with staff required to dial out so she did not attempt to call 911. Precursor behaviors included refusing to talk with staff and wandering/pacing in her environment. The BSP identified aggression, SIB (self-injurious behavior), suicide threats, suicide attempts, inappropriate phone use, leaving assigned areas and inappropriate social behaviors. . If Client #5 made suicide threats/attempts the BSP directed staff to follow the Suicide Risk Management policy, minimize attention and "keep her safe".</p> <p>When interviewed on 5/12/21 at 1:25 p.m., Qualified Intellectual Disability Professional (QIDP) E confirmed she stood in the hallway with Resident Treatment Supervisor (RTS) C on 4/3/21 while EMS talked to Client #5 in her bedroom. She denied any staff mentioned Client #5 stated she was going to hurt herself. She said if Client #5 makes a suicide threat staff should remove items from her room that she might use to harm herself. She said she saw EMS cut a cord from around Client #5's neck. QIDP E was unaware of Client #5's use of the phone on 4/3/21.</p>			
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	<p>When interviewed on 5/12/21 at 3:15 p.m., RTS C recalled she worked at Client #5's house on 4/3/21. She said she left the house to go next door to administer medications and while there she received a call from RTW N to report Client #5 used the phone inappropriately. She denied knowledge of Client #5 threatening to harm herself.</p> <p>When interviewed on 5/12/21 at 4:00 p.m., RTW N confirmed she saw Client #5 use the phone in the dining room on 4/3/21. She said Client #5 called her mom, her grandma, her sister and QIDP E. She noted her conversations were appropriate and she remained calm while making the calls. She denied assisting her with the calls. She then heard Client #5 state her name and report she did like the staff. RTW N determined Client #5 called 911. She noted RTW C heard the conversation because he stood in the kitchen, only "seven steps away". RTW N did not recall hearing Client #5 say she intended to hurt herself during the call, but confirmed she frequently made suicide threats. She said staff should call a supervisor and a nurse when Client #5 made a threat. RTW N identified pacing behavior as a precursor for Client #5. She stated staff should watch her and talk with her. She said RTW C talked to her but stayed in the kitchen. RTW N said RTW C called RTS C and told her Client #5</p>			
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	<p>called 911. When asked if RTW C reported Client #5's statement she intended to harm herself; RTW N said she did not recall. She acknowledged staff should follow a client and talk to him/her after they make a threat. She said if the client went to their bedroom, she would go to the hall and linger in the hall outside their open bedroom door. She recalled RTW C stayed in the kitchen after Client #5 made the 911 call.</p> <p>When interviewed on 5/12/21 at 4:55 p.m., RTW C confirmed he worked with Client #5 on 4/3/21. He noted he worked with RTW N and RTS C because they were short staff. He said Client #5 got mad because a staff called in resulting in less opportunity for activities. He confirmed RTW N worked 1:1 with Client #30 and he held responsibility for seven other clients including Client #5. RTW C confirmed he heard Client #5 state her name and address while on the phone and then heard her say she wanted to hurt herself. He described the statement as a threat of SIB not suicide. RTW C confirmed Client #5 had a history of making suicide threats and had wrapped clothing and wire around her neck in the recent past. He said he watched Client #5 walk to her room and close her door and then he returned to the kitchen to make dinner. He failed to keep her line of sight. RTW C said RTS C and a police officer were the next people to see and</p>			
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	<p>talk with Client #5. He recalled RTW N called RTS C when Client #5 made the call to 911. RTW C said when a client makes a suicide threat staff should call a supervisor and a nurse for an assessment. He confirmed he failed to call a nurse on 4/3/21. RTW C confirmed Client #5 paced around the house prior to making the call to 911.</p> <p>RTW C confirmed he wrote an IR for a suicide attempt made by Client #5 on 4/3/21 because EMS reported she attempted to wrap a cord around her neck while in her bedroom. He confirmed Client #5's BSP directed staff to assist her to dial the phone but acknowledged he failed to provide her with assistance.</p> <p>Record review on 5/12/21 revealed Client #5's Incident Reports for attempted suicide as follows:</p> <ul style="list-style-type: none"> <li>a. On 3/11/21, Client #5 attempted to wrap a cord from a Karaoke machine around her neck.</li> <li>b. On 4/3/21, Client #5 attempted to wrap a cord from her radio around her neck.</li> <li>c. On 4/20/21, Client #5 took her pants off and wrapped them around her neck.</li> </ul>			
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	<p>d. On 4/29/21, Client #5 wrapped the showerhead around her neck.</p> <p>When interviewed on 5/13/21 at 10:00 a.m. Registered Nurse (RN) A confirmed she received a page to go to House 473 on 4/3/21 and when she arrived EMS were in Client #5's room with her. She denied any staff told her Client #5 threatened to hurt herself prior to her arrival. She said she initially thought Client #5 wrapped a cord around her neck and staff removed it; but later learned EMS removed the cord from her neck. She said she knew Client #5 had wrapped things around her neck in the past. RN A said when a client threatens suicide staff should call an RN to do an assessment. She said she did not conduct a suicide risk assessment on 4/3/21.</p> <p>When interviewed on 5/13/21 at 12:40 p.m. the Superintendent confirmed staff should have stayed with Client #5 with the door open to ensure her safety on 4/3/21.</p> <p>When interviewed on 5/17/21 at 6:00 p.m. RTS E confirmed Client #5' phone restriction included staff assistance to dial the number to lessen calls to 911. She further confirmed RTW C should have assisted Client #5 to dial the phone when she made calls on 4/3/21.</p>			
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	<p>When interviewed on 5/18/21 at 11:40 a.m. the Police Captain stated he responded to a 911 call on 4/3/21 and found Client #5 in her bedroom with staff. He recalled she said she wanted to hurt herself and he was hoping to de-escalate her. The Captain said Emergency Medical Staff (EMS) A arrived and they continued to attempt to de-escalate Client #5. He recalled Client #5 reached for a cord, wrapped it around her neck and he put his hand in between the cord and her neck. The Captain said EMS A cut the cord while he struggled with Client #5. He said she definitely wanted to harm herself based on the struggle she put up when she placed the cord around her neck. He did not recall Client #5 saying the words kill herself, but he interpreted her actions as her intent to do serious harm to herself.</p> <p>When interviewed on 5/18/21 at 12:40 p.m., EMS A confirmed he arrived at Client #5's house on 4/3/21. He said he saw the Police Captain talking to Client #5 and he stepped in the hallway to talk with staff. He said he heard something and went into the bedroom and saw Client #5 wrap an electrical cord around her neck. She was struggling with the Captain so he cut the cord away from her neck. He commented he thought his actions irritated Client #5 but noted he could not let her choke herself. He recalled Client #5 threatened to kill herself multiple times during the</p>			
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	<p>incident. He noted she escalated quickly and would appear calm but then dive to grab a cord on the floor.</p> <p>When re-interviewed on 5/19/21 at 2:35 p.m., RTS C confirmed she worked on the floor with RTWs C and N on 4/3/21. She did not recall Client #5 engaging in any precursor behaviors prior to leaving to pass medications at the house next door. She did not recall Client #5 making any phone calls that day, but she verified staff should supervise the dialing of calls to assure she did not call 911. RTS C said she received a call from staff shortly after arriving at House 474 and she completed administration of one medication and returned to House 473. She recalled staff told her Client #5 called the police. She said when she got back to the house Client #5 sat in the day room talking with the Police Captain. RTS C said Client #5 asked to speak to the officer in private so they all went back to her room. She said she passed the paramedics in the hall and when asked why they were there, a paramedic responded they responded to a suicide threat. She again denied any report from RTW C or RTW N that Client #5 threatened to hurt herself. She said if she had knowledge of the suicide threat, she would have followed the suicide protocol. When asked how she would have kept her safe, RTS C said she would have made Client #5 1:1</p>			
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	<p>and removed items from her room that she could use to harm herself. RTS C explained she paged the nurse at the request of one of the paramedics. She recalled EMS A came out with a scissors and pieces of a cord. She said he reported Client #5 put the cord around her neck and he cut it off.</p> <p>When asked to explain her understanding of the statement, "I'm going to hurt myself", RTS C said it was a precursor to a suicide threat. She insisted no staff relayed information regarding a threat. She said she could handle behaviors, but needed correct information to meet the needs of the client. She added she would not have left to pass medications if she had known Client #5 showed precursor behavior prior to calling 911.</p> <p>When re-interviewed on 5/19/21 at 3:45 p.m., RTW C confirmed he did not assist Client #5 to dial the phone on 4/3/21. He said he "reminded" her she should not make unsupervised calls per her BSP, but he continued making dinner.</p> <p>In summary, staff failed to follow Client #5's BSP when she made suicide threats. On 5/10/21, the failure to follow the BSP resulted in a delay of nursing presence to assess Client #5's mental status. On 4/3/21, staff failed to supervise Client #5's phone calls resulting in a call to 911 including a threat to hurt herself. Staff failed to report the</p>			
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	<p>threat per facility policy. Law enforcement and emergency medical staff arrived and Client #5 made a suicide attempt. Staff lacked sufficient training to respond appropriately to Client #5's precursor behaviors and suicide threats.</p> <p>2. Observations at House 473 on 5/10/21 from 4:40 p.m. - 5:05 p.m. revealed Client #5 interacted with RTW M and her peers inside and outside her home. RTW M reported she did not usually work in House 473. She added she just read Client #5's Behavior Support Plan (BSP), as Client #5 entered her room. Client #5 told RTW M she became upset at RTW N and Client #5 left the kitchen. Continued observation revealed Client #5 left her bedroom and entered the dining room yelling and crying. She went to the kitchen and said she wanted to stab herself. Client #5 continued to cry, yell and become aggressive toward staff. At 5:35 p.m., staff requested the surveyor exit the house due to escalation of Client #5's behavior while the surveyor was present. At 5:55 p.m., Registered Nurse (RN) B arrived and went into the house. When interviewed RN B said Client #5 calmed after talking with her.</p> <p>Record review on 5/11/21 revealed an Incident Report completed by RTW C regarding Client #5's behavior on 5/10/21. He documented an</p>			
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	<p>incident of aggression and he noted Client #5 escalated in the dining room and threatened to do self-injurious behavior (SIB) in the kitchen with silverware. RTW C noted Client #5 threw objects, pulled RTW N's hair and bit staff in the legs. The IR lacked any information regarding her threat to stab herself.</p> <p>Continued review revealed another IR completed by RTW C. He documented Client #5 struck walls, drug herself on the floor and made threats about what she would do with objects on 5/10/21. He categorized the behaviors as SIB. RTW C failed to document the suicide threat made by Client #5 on 5/10/21.</p> <p>Further record review revealed Client #5's Behavior Support Plan (BSP), implementation date 3/8/21. The BSP listed multiple behaviors to reduce, including aggression, SIB and Suicide Threats and Attempts. Self-Injurious behaviors included hitting self repeatedly, biting self, repeatedly striking head against hard surfaces, picking at her skin/scabs until it bleeds, rubbing her skin on concrete, attempting to crawl under cars, insertion of items into her bodily orifices to inflict/pretend to inflict injury. The definition did not include threatening to stab herself. The definition of suicide threat noted, "verbally expressing the intent to end one's life but not</p>			
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	<p>having attempted to do so". According to the BSP, staff should keep Client #5 "safe" and follow the Suicide Risk Management Policy. Review of the policy on 5/11/21 revealed the directive to keep the client safe, call a supervisor and call an RN to complete the Suicide Risk Screen. The facility failed to complete a suicide risk screen on 5/10/21.</p> <p>When interviewed on 5/13/21 at 8:25 a.m., the Superintendent said staff should have reported Client #5's threat to stab herself as a suicide threat. She noted stabbing herself is not included in the behaviors described to reduce her BSP description of SIB.</p> <p>When interviewed on 5/13/21 at 10:00 a.m. RN A said if staff heard Client #5 say she wanted to stab herself, they should keep her safe, call a supervisor and call an RN to conduct an assessment.</p> <p>When interviewed on 5/13/21 at 2:35 p.m. RTW C denied hearing Client #5 threatened to stab herself on 5/10/21. He said he did not call an RTS but recalled RTS F present in the house at the time of the incident.</p> <p>When interviewed on 5/13/21 at 6:10 p.m. RTW M confirmed she heard Client #5 voice a desire to</p>			
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	<p>stab herself on 5/10/21. She said she asked RTW C what to do and he directed her to write an IR to indicate she threatened SIB. She acknowledged confusion and noted she told RTW Q to call RTS F because Client #5 made a suicide threat.</p> <p>When interviewed on 5/17/21 at 5:45 p.m. Psychology Assistant (PA) B said he heard Client #5 say she wanted to hurt herself on 5/10/21 but acknowledged he was moving chairs around to avoid injury as her behaviors escalated. He said RTS F called RN B on 5/10/21 not to report a threat, but to request a chemical restraint on 5/10/21.</p> <p>When interviewed on 5/17/21 at 6:00 p.m. RTS E said if she heard Client #5 say she wanted to stab herself she would notify the area supervisor and a nurse so a suicide risk assessment could be completed.</p> <p>When interviewed on 5/18/21 at 9:35 a.m. RN B confirmed she responded to a request for a nurse at Client #5's house on 5/10/21. She said a Licensed Practical Nurse (LPN) came to her, reported staff called, and said Client #5 removed her clothing. She recalled she received a second call and staff said Client #5 was aggressing toward staff. She denied being told Client #5</p>			
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<b>W194</b>	<p>threatened to stab herself. She said she would have gone immediately to the house had staff told her about a suicide threat.</p> <p>When interviewed on 5/18/21 at 2:30 p.m. RTS F described Client #5's statement to stab herself on 5/10/21 as "tricky". He explained she did not voice intent to kill herself so he categorized the comment as SIB. He said he did not consider a threat to harm herself as a suicide threat; however, he said he would keep her in line of sight after she made a comment to harm herself. RTS F acknowledged if Client #5 made a comment she wanted to kill herself, staff should call him and the nurse.</p> <p>When interviewed on 5/19/21 at 12:30 p.m. the Superintendent said staff are trained on the Suicide Risk policy to ensure client safety and are trained on individual BSPs to support each client. She noted when Client #5 states she wants to hurt herself, it is an indication she intends to kill herself.</p> <p><b>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</b></p>		<b>\$2,000.00</b>	
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	<p>Based on interviews and record review, the facility failed to provide training necessary to implement Individual Program Plans (IPPs). This affected 1 of 1 client (Client #1) reviewed during investigation #97277-I. Finding follows:</p> <p>Record review revealed Client #1's Incident Report dated 4/19/21, indicated, "Staff was transferring (Client #1) to his shower chair. (Client #1) lost balance and fell hitting his left shoulder."</p> <p>Additional record review revealed the following:</p> <p>a. Client #1's diagnosis, at the time of the incident, included severe intellectual disability, schizoaffective disorder, bipolar type, seizures, and osteoporosis.</p> <p>b. Client #1's Physical Nutritional Management Plan (PNMP) dated 3/23/21, indicated, "Transfers: Hands-on assistance x1 person with use of lift vest or gait belt."</p> <p>c. Clinical note dated 4/19/21 at 7:30 a.m. indicated, "When approached for this assessment (Client #1) was sitting in his shower chair with a towel over his lap, and no clothes on. (Client #1) was talkative per his normal and was talking in a</p>			
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	<p>slurred voice per his normal. (Client #1) was moving his right arm freely and his left arm was down at his side. (Client #1) was asked if he could move his arm. (Client #1) moved his right arm freely and he moved his left arm across to his stomach into a resting position. Passive ROM was completed on both arms, with resistance noted to the right arm. The posterior right shoulder had a red area along the clavicle section of the shoulder that was 4 cm by 3 cm. There was no swelling noted. Both of (Client #1's) shoulders (were) slanted forward toward the front part of the body. (Client #1) had no facial expression of pain. With palpation across the top of the shoulder there was no facial expression of pain or difference between the two sides noted. Staff instructed to call with any change in status or s/s of pain." The Advanced Registered Nurse Practitioner (ARNP) ordered an x-ray for the left shoulder.</p> <p>d. Clinical note dated 4/19/21 at 10 a.m. indicated, "No apparent distress or discomfort noted, responding per baseline. (Client #1) was laughing and joking with this nurse during this time. Intermittently pointing at left arm however, did not move arm at this time (Client #1) continued to use it to hold magazine. Mobilex here on site obtained x-ray of left shoulder and determined to have a clavicle fracture."</p>			
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	<p>Emergency Medical Staff (EMS) transported Client #1 to the hospital.</p> <p>Facility interview on 4/23/21 at 10:31 a.m. with Residential Treatment Worker (RTW) R indicated she walked Client #1 to the bathroom using a Velcro gait belt. He had soiled himself, so he undressed and she assisted him onto the toilet. She started to grab the shower chair to bring it closer to Client #1 and he started to stand up with his right hand on the grab bar. He fell into her and they both fell on the ground. She yelled for help. She could not remember if he had a gait belt on him or if he took it off. RTW S came into the bathroom and they assisted Client #1 back to the toilet.</p> <p>When interviewed on 5/18/21 at 9:40 a.m. RTW S stated RTW R yelled for his assistance. When he arrived into the bathroom, Client #1 was on top of RTW R. Client #1 was trying to get up, so they assisted him up to the toilet. He could not remember if Client #1 had a gait belt on or not. RTW S stated Client #1 was good with him and when he transferred Client #1, RTW S did not use a gait belt. RTW S explained he placed his arm under Client #1's armpit to assist him with the transfer.</p>			
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	<p>When interviewed on 5/13/21 at 9:30 a.m. Licensed Practical Nurse (LPN) A stated he was in the home when Client #1 fell. When he arrived in the bathroom, Client #1 sat on the toilet. He could move his arms freely and there were no protrusions. They did order an x-ray because Client #1 has a history of falls with fractures. Client #1 continued to use the arm to look through magazines and grab items around him. The x-ray showed a clavicle fracture, they did call EMS. When EMS took Client #1 out on the stretcher, he waved good-bye to everyone with the fractured arm.</p> <p>When interviewed on 5/13/21 at 10:30 a.m. Physical Therapist (PT) A confirmed facility staff should use a gait belt every time Client #1 is transferred. He stated Client #1 needed physical assistance when standing or walking. He could transfer with a stand and pivot. PT A also stated the facility had several types of gait belts for Client #1 to use and they were readily available.</p>			
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