

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

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PRINTED: 07/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BEHAVIORAL TECHNOLOGIES-MARION			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	
W 000	INITIAL COMMENTS	W 000	See Attached	
W 192	<p>An annual survey, completed on 6/01/21 to 6/03/21, resulted in a deficiencies written at W192 and Iowa Code 481 IAC 50.7(3).</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview and record review the facility failed to ensure staff competency regarding modified diet and food textures. This affected 1 of 4 sample clients (Client #3). Finding follows:</p> <p>Observations on 6/01/21 at 6:03 p.m. revealed Client #3 and the Program Coordinator (PC) blended Client #3's chicken alfredo, garlic bread, and broccoli with a food processor.</p> <p>Intermittent observations on 6/01/21 from 6:30 p.m. to 6:40 p.m. revealed Client #3's dinner appeared mashed potato consistency. As Client #3 ate, his dinner stuck to his spoon.</p> <p>Additional observations on 6/01/21 at 6:40 p.m. revealed Developmental Specialist (DS) B used the food processor to blend Client #3's strawberry shortcake. The strawberry shortcake appeared to be a liquid consistency and ran off his spoon as he attempted to eat it. At 6:45 p.m., Client #3 ate a bite of strawberry shortcake containing a half sliced strawberry.</p>	W 192	POC 7/21/21	

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 192	<p>Continued From page 1</p> <p>Observations on 6/02/21 at 8:03 a.m. revealed the PC blended Client #3's breakfast sandwich and hot cereal with the food processor.</p> <p>Intermittent observations on 6/02/21 from 8:18 a.m. to 8:36 a.m. revealed Client #3's breakfast appeared to be a thick mashed potato consistency. The food stuck to Client #3's spoon as he ate. Throughout the meal, Client #3 consumed large bites due to the food sticking to his spoon.</p> <p>Record review on 6/02/21 revealed the following:</p> <ul style="list-style-type: none"> a. Client #3's speech/language evaluation dated 4/29/21 included a recommendation from the Speech Language Pathologist (SLP) to "continue pureed texture diet with thin liquids." b. The facility's diet policy indicated pureed diets should be provided, "as recommended by SLP or per consumer preference and blended to a smooth consistency (like pudding/applesauce) unless otherwise specified." <p>When interviewed on 6/03/21 at 8:51 a.m. the Director of ICF/ID Services acknowledged staff failed to provide Client #3 the appropriate pureed consistency.</p>	W 192		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAG0127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BEHAVIORAL TECHNOLOGIES-MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 2542 EAST MARION STREET DES MOINES, IA 50320		
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C 140	<p>50.7(1)a(3) Additional Notification</p> <p>481-50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:</p> <p>50.7(1) Of any accident causing major injury. a. "Major injury" shall be defined as any injury which:</p> <p>(3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident 's prognosis.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to report two peer-to-peer aggressions resulting in injury within 30 days to the Department of Inspections and Appeals (DIA), as required by Iowa Code 481 IAC 50.7(3). This affect 1 of 4 clients (Client #1). Finding follows: Observation on 6/01/21 at 3:00 p.m. revealed a large yellow bruise to Client #1's right forearm. Record review on 6/02/21 revealed the following: a. An Incident/Accident Report dated 5/13/21 at 6:50 p.m. reported, "(Client #1) went into another client's room and the other client (Client #2) got upset and hit (Client #1) in the head and neck."</p>	C 140		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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C 140	<p>Continued From page 1</p> <p>The Registered Nurse (RN) noted "(Client #1) has small 2 (centimeter) (cm) scratch under left lip and a pinpoint spot on mid forehead."</p> <p>b. An Incident/Accident Report dated 5/28/21 at 6:45 p.m. reported, "(Client #1) and another (Client #2) got into an altercation where (Client #1) ended up with a bite mark on his right forearm." The RN noted, "R (right) forearm appears to have a bite measuring 3" (inches) x (by) 2" (inches) in size. 2 areas were open."</p> <p>c. The facility policy Reporting Injuries, Potential Injuries, and Critical Incidents, dated 4/15/16, indicated the following: "The Behavioral Technologies Administrator or their designee will notify and send a report to the Department of Inspections and Appeals, within 24 hours, or the next business day."</p> <p>When interviewed on 6/2/21 at 2:19 p.m. the Director of Intermediate Care Facilities for Individual with Intellectual Disabilities (ICF/ID) Services acknowledged the facility failed to report the peer-to-peer incidents to DIA.</p>	C 140		

BT Marion Plan of Correction**W 192**

All BT employees will be retrained on the appropriate consistency of a pureed diet.

The Director ICF/ID Services will develop the training and the Program Coordinators will do the training with the employees.

Consistency of pureed diets will be monitored by all supervisory staff during meal observations: Program Coordinators: Program Coordinator Supervisor: QIDP; Director ICF/ID Services; and Nursing staff.

Completion Date: 7/21/21

C 140 Iowa Code 481

When there is a client-on-client incident an RN or CMA will examine clients for any possible injuries within 12 hrs of the incident. If the incident resulted in an injury the Director ICF/ID Services will be notified immediately upon finding injuries so appropriate reporting can be completed.

The Director ICF/ID Services will monitor this reporting through follow-up with nursing on client-on-client reports.

Completion Date: 7/21/21