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8/16/21

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G034	A. BUILDING _____ B. WING _____	C 06/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM IOWA-DALEVIEW DRIVE	1490 DALEVIEW DRIVE MARION, IA 52302

(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 The investigations of #96220-I, #95988-C and #95926-C resulted in a deficiency cited at W153.	W 000		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 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. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff immediately reported allegations of abuse. This affected 1 of 1 client identified during the investigations of #96220-I, #95988-C and #95926-C (Client #1). Finding follows: Review of the facility investigation on 6/01/21 revealed Direct Support Professional (DSP) B stated she witnessed DSP A holding Client # 1's penis in the bathroom. DSP A allegedly made a comment about the size of Client #1's penis and indicated she liked to have something like that in her mouth. DSP B reported the incident to the Lead DSP on the evening of 2/14/21 after being told DSP A no longer worked at the facility. DSP B said she didn't remember exactly when the incident occurred, but she thought it was on a Thursday evening when DSP B came into work around 9:40 p.m. for the overnight shift and DSP A was the only second shift staff person at the facility. Based on work schedules, the facility determined the incident had likely occurred on	W 153	<see attached POC 8/13/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Area Director 08/13/2021

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 153	Continued From page 1 1/14/21, 1/21/21 or 2/11/21. According to the facility investigation, DSP A documented she toileted Client #1 at 9:30 p.m. on 1/14/21 and on 2/11/21. When interviewed on 6/03/21 at 3:30 p.m. DSP B confirmed she witnessed DSP A holding Client #1's penis as he stood near the toilet in his bathroom. She didn't recall the date of the incident. DSP B said Client #1 was generally independent when urinating, but he might need verbal prompts to stand closer to the toilet. She said it was not unusual for there to be urine on the toilet or on the floor after Client #1 urinated. DSP B said DSP A didn't indicate why she held Client #1's penis. DSP B said DSP A commented about Client #1's "big package" and said something about her mouth liking guys like that. DSP B didn't recall that DSP A's hand was moving or that Client #1's penis was erect. During the interview, DSP B said she did not hold Client #1's penis when he urinated because it wasn't necessary. When asked why she didn't report the incident immediately, DSP B said she didn't think of it. She indicated the incident seemed inappropriate, but not really abusive. When interviewed on 6/02/12, DSP C, DSP D and DSP E all indicated Client #1 was generally independent with urinating in the bathroom. The three staff said they did not hold his penis when he urinated. They said Client #1 might need prompted to stand closer to the toilet or to improve his aim. It was not unusual for him to partially urinate on the toilet and/or floor. When interviewed on 6/02/21 at 3:00 p.m. the Lead DSP confirmed DSP B told her of the incident involving DSP A and Client #1 on the	W 153		

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W 153	Continued From page 2 evening of 2/14/21. DSP B indicated at the time she could not recall the date of the incident, but she thought it had occurred on a Thursday evening. The Lead DSP said the staff had not been trained to hold Client #1's penis when urinating, or to hold any of the male client's penises when urinating. She said Client #1 could urinate in the bathroom independently, other than occasional verbal prompts to aim toward the toilet. It was not unusual for him to urinate at least partially on the toilet and/or bathroom floor. When interviewed on 6/03/21 at 3:00 p.m. the Program Supervisor said Client #1 was independent with urinating in the toilet, other than possible verbal prompts to move closer to the toilet. She said she didn't know of any staff who held Client #1's penis while he urinated. Staff had not been trained to do that. When interviewed on 6/07/21 at 10:30 a.m. the Program Director confirmed DSP B should have immediately reported the incident of DSP A holding Client #1's penis in the bathroom and making sexual comments. Review of the facility Abuse/Neglect Reporting policy on 6/07/21 revealed any employee who observed or suspected abuse, neglect or potential abuse in an ICF/ID should immediately make a verbal report to the person in charge or the designated agent (supervisory/management staff).	W 153		

Accept this plan as the facilities credible allegation of compliance.

Tag W 153: **Facility Response:** The facility Program Director/QIDP, facility Program Supervisor and/or facility QIDP will ensure that all allegations of mistreatment, neglect or abuse are reported immediately to the administrator or their designee in accordance with State law and per company procedure. Employees will be retrained and reminded of reporting expectations, including who to report to and to ensure that they are reporting to the appropriate agency. The employee that failed to report this incident, is no longer with the company. To ensure on-going compliance, all employees of REM Iowa will review the Abuse Reporting Procedure quarterly at facility staff meetings.

Completion Date: 08/13/2021