

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

Citation Number: 5794	Fine amount reduced by 35% to \$5,037.50 on July 19, 2022 pursuant to Iowa Code Section 135C.43A	Date: July 13, 2022
Facility Name: Glenwood Resource Center		Survey Dates: 6/23/22 – 7/5/22
Facility Address/City/State/Zip 711 S Vine St Glenwood, IA 51534	CC	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

64.60	<p>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.</p> <p>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.</p> <p>This rule is intended to implement Iowa Code Section 135C.2(3).</p>	I	\$7750.00	UPON RECEIPT
W158	<p>FACILITY STAFFING The facility must ensure that specific facility staffing requirements are met.</p> <p>Based on interviews and record review, the facility failed to maintain minimum compliance with the Condition of Participation: Facility Staffing. Based on interviews and record review, the facility failed to provide adequate and on-</p>			

Facility Administrator

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W192	<p>going training and oversight to ensure staff competency specific to identified healthcare needs. . This affected 1 of 1 client (Client #1) reviewed during investigation #104748-I. Finding follows:</p> <p>Cross reference W192: Based on interviews and record review, the facility failed to adequately train and ensure staff competency regarding supervision and accountability of clients specific to identified healthcare needs.</p> <p>On 6/30/22 at 10:46 a.m., Immediate Jeopardy (IJ) was determined based on the facility's failure to train supervision and accountability in regards to healthcare needs. The facility developed a plan to remove the IJ, which included training updated client Health Service and Support Plans (HSSPs) and the revised accountability policy. The IJ was removed on 7/5/22 at 2:24 p.m.</p> <p>FACILITY STAFFING For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p>				
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	<p>Based on interviews and record review, the facility failed to adequately train and ensure staff competency regarding supervision and accountability of clients specific to identified healthcare needs. This affected 1 of 1 client (Client #1) reviewed during investigation #104748-I. Finding follows:</p> <p>Record review revealed Client #1's incident report dated 4/13/22, indicated, "When I (entered) his bedroom at 3:20 p.m., (Client #1) looked at me, noticed client was grey in color and eyes were glossy, notified the nurses (Licensed Practical Nurse (LPN) B and LPN A) to come to his room. (LPN A) immediately (noticed) his oxygen concentrator wasn't on."</p> <p>Record review revealed Client #1, 48-years old, had diagnoses including: profound intellectual disability, recurrent pneumonia, aspiration with pseudomonas colonization, and tracheotomy (trach).</p> <p>Video footage dated 4/13/22 at 12:22 p.m. revealed Client #1 sat in the day room at 12:22 p.m. Residential Treatment Worker (RTW) A disconnected Client #1's oxygen tubing, turned off the oxygen concentrator, and unplugged the oxygen concentrator from the wall. RTW A wheeled the oxygen concentrator into Client #1's</p>				
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	<p>bedroom. From 12:22 p.m. to 12:25 p.m., RTW A, with some assistance from RTW B, transferred Client #1 from a Hoyer lift to his bed in his bedroom. At 12:31 p.m., RTW A left Client #1's bedroom. At 12:32 p.m., LPN A walked into Client #1's bedroom. At 12:34 p.m., LPN A walked out of Client #1's bedroom. At 12:44 p.m., RTW A walked into Client #1's bedroom for 10 seconds before walking back out. At 2:20 p.m., RTW A and RTW B walked down the hallway and passed Client #1's bedroom. At 2:38 p.m., RTW C stood at the doorway and looked in at Client #1. At 3:17 p.m., RTW C walked into Client #1's bedroom. RTW C walked out and down to the nurse's office. At 3:18 p.m., LPN A and LPN B walked into Client #1's bedroom.</p> <p>Continued record review revealed Client #1's nursing assessment dated 4/13/22 at 3:20 p.m. completed by LPN A, indicated, "Lying in bed. Gray tint noted to skin tone/face upon entry to room. Extremities pale and clammy. Respirations tacky and shallow. Oximeter reading was 62%. This nurse immediately noted the oxygen concentrator button was in the "off" position. Concentrator turned on and turned up to deliver (five Liters of Oxygen) via trach. (LPN B) at bedside assisting. Moderate amount of thick pale yellow secretions suctioned from trach. (Oxygen) tubing switched to a green tank delivering (Ten</p>				
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	<p>Liters of Oxygen) via trach with an immediate response to color of skin, respirations, and (Oxygen) saturations."</p> <p>Client #1's clinical note dated 4/13/22 at 4:14 p.m. completed by the Primary Care Physician (PCP), indicated, "The patient was noted to have a hypoxic episode, and nursing evaluation showed that his oxygen was off. His (oxygen saturation) was as low as 62%, pulse 61, and (respirations) 24, but reapplication of (oxygen) at 5-10 (Liters)/suctioning led to immediate response and return to baseline. (Oxygen) saturation is now 100% on (two Liters). Pulse is 80 and (respirations) 20. He is at baseline behavior."</p> <p>Additional record review revealed Client #1's Individual Support Plan (ISP) dated 8/18/21, indicated, "(Client #1) is provided general supervision. Direct care staff should physically check on (Client #1) every 15 minutes on the AM (morning) and PM (evening) shift and every 30 minutes on night watch shift."</p> <p>Record review revealed the facility's accountability policy dated 1/28/20, indicated, "For those individuals on general supervision, staff shall complete a visual check of each individual a minimum of every 15 minutes. A verbal and physical communication exchange is</p>			
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	<p>required between staff from both shifts at shift change and/or when the staff is going off duty for the remainder of the shift and being replaced by another staff."</p> <p>When interviewed on 6/29/22 at 10:51 a.m. Residential Treatment Worker (RTW) A reported she took Client #1's oxygen off and turned off the concentrator before she took the concentrator into Client #1's bedroom. She stated she turned off the concentrator to move, because the concentrator will beep if they unplug the concentrator and leave it in the on position. She thought she turned the concentrator to the on position after she plugged the concentrator in, in Client #1's bedroom. RTW A and RTW B transferred Client #1 into his bed from a Hoyer lift. RTW B left the bedroom and RTW A finished personal cares. Client #1 sounded like he needed suctioned and RTW A informed the nurse. RTW A confirmed she did not complete Client #1's 15-minute supervision checks after she left him in his bedroom. According to RTW A, at approximately 2:15 p.m. RTW A and RTW B walked down the hallway. They could see Client #1 from the hallway and he was fine. The evening shift assisted two clients to get ready to go to appointments so they did not complete shift walk-throughs. RTW A left the home at approximately 2:30 p.m.</p>			
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	<p>When interviewed on 6/24/22 at 10:06 a.m. RTW B confirmed she assisted RTW A with transferring Client #1 on 4/13/22. RTW B reported she left Client #1's bedroom after she assisted with Client #1's transfer. She stated they charted and worked on a puzzle until the PM shift arrived. She stated they failed to complete accountability checks because they were being irresponsible. At shift change, RTW B remembered walking down the hall to do checks with the PM shift. They stood in Client #1's bedroom doorway and he laughed. She reported he was not in distress at that time.</p> <p>When interviewed on 6/23/22 at 5:20 p.m. RTW C reported she arrived at work at approximately 2:00 p.m. They did not complete a walk-through with the morning shift because they were instructed to get two clients up for a doctor's appointment. After she assisted with one of the clients, she continued personal cares and showers with other clients. RTW C stated she did not have accountability for Client #1, but thought she had better get Client #1 up out of bed. RTW C went into Client #1's bedroom at approximately 3:20 p.m. She described Client #1 as having gray skin, blue lips, and gasping for air. She went to get the nurses. She could not go back into the room.</p>			
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	<p>When interviewed on 6/23/22 at 4:40 p.m. RTW D reported he had accountability of Client #1. He stated he did not complete his 15-minute checks or do a complete walk-through at shift change. The AM shift informed him two clients needed to get ready to go to the doctor. He went to the back and assisted one of the clients to get ready to go. He met two of the morning staff halfway down the hallway to exchange accountability sheets. They did not go into all clients bedrooms. RTW D confirmed he was "more schooled" after the incident on how to complete a 15-minute check.</p> <p>When interviewed on 6/29/22 at 11:50 a.m. LPN A reported, at approximately 12:30 p.m., RTW A asked her to suction Client #1. When she entered Client #1's bedroom, she did not notice the oxygen concentrator was in the off position. She stated Client #1's bedroom is noisy with the APN, the concentrator, the window air conditioner, and his T.V. all on. She completed the suctioning and left Client #1's bedroom. RTW C notified her again at approximately 3:20 p.m. something was wrong with Client #1. LPN A and LPN B entered Client #1's bedroom and LPN A noted right away his oxygen concentrator was in the off position. LPN A described Client #1 as having a gray color to his skin and shallow</p>			
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	<p>respirations. His pulse oxygen was very low, she could not remember how low. She turned on Client #1's oxygen concentrator and applied five Liters of oxygen. She needed more oxygen, so LPN B grabbed the portable tank. She stated he was at baseline within a few minutes.</p> <p>Additional interview on 7/5/22 at 1:56 p.m. LPN A reported LPN B was in the room with her and completed the suctioning on Client #1 before she gave 10 Liters of oxygen. Client #1 started to have an immediate response to the 10 Liters of oxygen provided through the portable oxygen.</p> <p>When interviewed on 6/23/22 at 5:00 p.m. LPN B reported RTW C came into the nurse's office and told LPN A and LPN B Client #1 did not look right. LPN A arrived to Client #1's bedroom first and noticed Client #1's oxygen concentrator in the off position. LPN A turned on the concentrator and took Client #1's pulse oxygen. LPN B stated his pulse oxygen read in the 80's. LPN A instructed to get a tank and LPN B retrieved the tank out of the closet around the corner. His pulse oxygen came up above 92% within seconds. Once Client #1's pulse oxygen went above 92%, LPN B left the bedroom. She stated the facility staff always turn off the concentrators before they unplug the machine because the concentrator sounds an</p>			
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W318	<p>alarm if the concentrator is in the on position and the machine is unplugged.</p> <p>When interviewed on 6/24/22 at 9:45 a.m. Director of Quality Management confirmed the facility failed to provide training on supervision and accountability in regards to oxygen use.</p> <p>HEALTHCARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on interviews and record review, the facility failed to comply with the Condition of Participation: Health Care Services. As evidenced by the facility's failure to ensure physician's orders were consistently followed. This affected 1 of 1 client (Client #1) reviewed during investigation #104748-I. Finding follows:</p> <p>Cross reference W368: Based on interviews and record reviews, the facility failed to follow physician orders.</p> <p>On 6/30/22 at 10:46 a.m., Immediate Jeopardy (IJ) was determined based on the facility's failure to follow physician orders. The facility developed a plan to remove the IJ, which included updating</p>			
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W368	<p>the physician orders to remove oxygen for transfers or bathing. DIA removed the IJ on 7/5/22 at 2:24 p.m.</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on interviews and record review, the facility failed to follow physician orders. This affected 1 of 1 client (Client #1) reviewed during investigation #104748-I. Finding follows:</p> <p>Record review revealed Client #1's incident report dated 4/13/22, indicated, "When I (entered) his bedroom at 3:20 p.m., (Client #1) looked at me, noticed client was grey in color and eyes were glossy, notified the nurses (Licensed Practical Nurse (LPN) B and LPN A) to come to his room. (LPN A) immediately (noticed) his oxygen concentrator wasn't on."</p> <p>Additional record review revealed Client #1's diagnoses, at the time of the incident, included profound intellectual disability, recurrent pneumonia, aspiration, with pseudomonas colonization, and tracheostomy (trach).</p>				
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	<p>Continued record review revealed Client #1's physician orders dated 6/29/21, indicated, "APN (All Purpose Nebulizer) combined with oxygen up to 4 liters via trach mask to keep (saturation) (above) 92%. May be off APN for (off campus) appointments/outings as determined by unit nurse."</p> <p>Record review revealed the following:</p> <p>a. Video footage dated 4/13/22 at 12:22 p.m. revealed Client #1 sat in the day room at 12:22 p.m. Residential Treatment Worker (RTW) A disconnected Client #1's oxygen tubing, turned off the oxygen concentrator, and unplugged the oxygen concentrator from the wall. RTW A wheeled the oxygen concentrator into Client #1's bedroom. From 12:22 p.m. to 12:25 p.m., RTW A, with some assistance from RTW B, transferred Client #1 from a Hoyer lift to his bed in his bedroom. At 3:17 p.m., RTW C walked into Client #1's bedroom. RTW C walked out and down to the nurse's office. At 3:18 p.m., LPN A and LPN B walked into Client #1's bedroom.</p> <p>b. Client #1's nursing assessment dated 4/13/22 at 3:20 p.m. completed by LPN A, indicated, "Lying in bed. Gray tint noted to skin tone/face upon entry to room. Extremities pale and</p>				
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	<p>clammy. Respirations tacky and shallow. Oximeter reading was 62%. This nurse immediately noted the oxygen concentrator button was in the "off" position. Concentrator turned on and turned up to deliver (five Liters of Oxygen) via trach. (LPN B) at bedside assisting. Moderate amount of thick pale yellow secretions suctioned from trach. (Oxygen) tubing switched to a green tank delivering (Ten Liters of Oxygen) via trach with an immediate response to color of skin, respirations, and (Oxygen) saturations."</p> <p>c. Client #1's clinical note dated 4/13/22 at 4:14 p.m. completed by the Primary Care Physician (PCP), indicated, "The patient was noted to have a hypoxic episode, and nursing evaluation showed that his oxygen was off. His (oxygen saturation) was as low as 62%, pulse 61, and (respirations) 24, but reapplication of (oxygen) at 5-10 (Liters)/suctioning led to immediate response and return to baseline. (Oxygen) saturation is now 100% on (two Liters). Pulse is 80 and (respirations) 20. He is at baseline behavior."</p> <p>When interviewed on 6/29/22 at 10:51 a.m. Residential Treatment Worker (RTW) A reported she took Client #1's oxygen off and turned off the concentrator before she took the concentrator into Client #1's bedroom. She stated she turned off</p>			
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	<p>the concentrator to move, because the concentrator will beep if they unplug the concentrator and leave it in the on position. She thought she turned the concentrator to the on position after she plugged the concentrator in, in Client #1's bedroom. RTW A and RTW B transferred Client #1 into his bed from a Hoyer lift. RTW B left the bedroom and RTW A finished personal cares. Client #1 sounded like he needed suctioned and RTW A informed the nurse. RTW A confirmed she did not complete Client #1's 15-minute supervision checks after she left him in his bedroom. According to RTW A, at approximately 2:15 p.m. RTW A and RTW B walked down the hallway. They could see Client #1 from the hallway and he was fine. The evening shift assisted two clients to get ready to go to appointments so they did not complete shift walk-throughs. RTW A left the home at approximately 2:30 p.m.</p> <p>When interviewed on 6/23/22 at 5:20 p.m. RTW C reported she arrived at work at approximately 2:00 p.m. They did not complete a walk-through with the morning shift because they were instructed to get two clients up for a doctor's appointment. After she assisted with one of the clients, she continued personal cares and showers with other clients. RTW C stated she did not have accountability for Client #1, but thought</p>			
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	<p>she had better get Client #1 up out of bed. RTW C went into Client #1's bedroom at approximately 3:20 p.m. She described Client #1 as having gray skin, blue lips, and gasping for air. She went to get the nurses. She could not go back into the room.</p> <p>When interviewed on 6/29/22 at 11:50 a.m. LPN A reported, at approximately 12:30 p.m., RTW A asked her to suction Client #1. When she entered Client #1's bedroom, she did not notice the oxygen concentrator was in the off position. She stated Client #1's bedroom is noisy with the APN, the concentrator, the window air conditioner, and his T.V. all on. She completed the suctioning and left Client #1's bedroom. RTW C notified her again at approximately 3:20 p.m. something was wrong with Client #1. LPN A and LPN B entered Client #1's bedroom and LPN A noted right away his oxygen concentrator was in the off position. LPN A described Client #1 as having a gray color to his skin and shallow respirations. His pulse oxygen was very low, she could not remember how low. She turned on Client #1's oxygen concentrator and applied five Liters of oxygen. She needed more oxygen, so LPN B grabbed the portable tank. She stated he was at baseline within a few minutes.</p>				
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	<p>Additional interview on 7/5/22 at 1:56 p.m. LPN A reported LPN B was in the room with her and completed the suctioning on Client #1 before she gave 10 Liters of oxygen. Client #1 started to have an immediate response to the 10 Liters of oxygen provided through the portable oxygen.</p> <p>When interviewed on 6/23/22 at 5:00 p.m. LPN B reported RTW C came into the nurse's office and told LPN A and LPN B Client #1 did not look right. LPN A arrived to Client #1's bedroom first and noticed Client #1's oxygen concentrator in the off position. LPN A turned on the concentrator and took Client #1's pulse oxygen. LPN B stated his pulse oxygen read in the 80's. LPN A instructed to get a tank and LPN B retrieved the tank out of the closet around the corner. His pulse oxygen came up above 92% within seconds. Once Client #1's pulse oxygen went above 92%, LPN B left the bedroom. She stated the facility staff always turn off the concentrators before they unplug the machine because the concentrator sounds an alarm if the concentrator is in the on position and the machine is unplugged.</p> <p>When interviewed on 6/28/22 at 12:35 p.m. Registered Nurse (RN) A confirmed Client #1's oxygen concentrator should be on at all times.</p>				
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Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: 5794		Date: July 13, 2022		
Facility Name: Glenwood Resource Center		Survey Dates: 6/23/22 – 7/5/22		
Facility Address/City/State/Zip 711 S Vine St Glenwood, IA 51534		CC		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	RESPONSE:			
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Facility AdministratorDate

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