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PRINTED: 07/29/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER SUMMARY STATEMENT OF DEFICIENCIES THIS SOUTH VINE STREET GLENWOOD, IA 51534	DIPPLIER CE CENTER SUMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION DIMMENTS on #104748-I resulted in a	CORRECTION (X5) ON SHOULD BE COMPLETION HE APPROPRIATE DATE	_
GLENWOOD RESOURCE CENTER CAJ ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG	CE CENTER SUMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL PLATORY OR LSC IDENTIFYING INFORMATION DMMENTS on #104748-I resulted in a	CORRECTION (X5) ON SHOULD BE COMPLETION HE APPROPRIATE DATE	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INVESTIGATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 000 INITIAL COMMENTS Investigation #104748-I resulted in a determination of Immediate Jeopardy (IJ) on 6/30/22 at 10:46 a.m., based on the facility's failure to train supervision and accountability in regards to healthcare needs and the facility's failure to consistently follow physician orders related to oxygen. 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 facility also updated physician's orders to allow for removal of oxygen for transfers or bathing The IJ wasremoved on 7/5/22 at 2:24 p.m. The Condition of Participation (CoP) - Facility Staffing was cited at W158 and a standard-level deficiency was cited at W192. The COP - Health Care Services was also cited at W318 and a standard-level deficiency was cited at W368.	H DEFICIENCY MUST BE PRECEDED BY FULL ILATORY OR LSC IDENTIFYING INFORMATION DMMENTS on #104748-I resulted in a	ON SHOULD BE COMPLETION DATE	
Investigation #104748-I resulted in a determination of Immediate Jeopardy (IJ) on 6/30/22 at 10:46 a.m., based on the facility's failure to train supervision and accountability in regards to healthcare needs and the facility's failure to consistently follow physician orders related to oxygen. 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 facility also updated physician's orders to allow for removal of oxygen for transfers or bathing The IJ wasremoved on 7/5/22 at 2:24 p.m. The Condition of Participation (CoP) - Facility Staffing was cited at W158 and a standard-level deficiency was cited at W192. The CoP - Health Care Services was also cited at W318 and a standard-level deficiency was cited at W368.	on #104748-I resulted in a		
CFR(s): 483.430 The facility must ensure that specific facility staffing requirements are met. This CONDITION is not met as evidenced by: Based on interviews and record review, the	ain supervision and accountability in healthcare needs and the facility's possistently follow physician orders exygen. The facility developed a plathe IJ, which included training updated he Service and Support Plans (HSSF rised accountability policy. The facility developed a plath of physician's orders to allow for exygen for transfers or bathing. The ed on 7/5/22 at 2:24 p.m. ion of Participation (CoP) - Facility is cited at W158 and a standard-level was cited at W192. Health Care Services was also cited a standard-level deficiency was cited at W193. The standard-level deficiency was cited at W192. STAFFING 3.430 must ensure that specific facility uirements are met. DITION is not met as evidenced by:		
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-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:	d to maintain minimum compliance ordition of Participation: Facility ased on interviews and record revieurable to provide adequate and aining and oversight to ensure staff y specific to identified healthcare his affected 1 of 1 client (Client #1)		

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.

Facility ID: IAG0055

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
			71. 501251			С	
		16G003	B. WING		(7/05/2022	
	ROVIDER OR SUPPLIER DD RESOURCE CENTER	R		STREET ADDRESS, CITY, STATE, ZIP CO 711 SOUTH VINE STREET GLENWOOD, IA 51534	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 158	record review, the fact and ensure staff come supervision and accost to identified healthcare. On 6/30/22 at 10:46 at (IJ) was determined by the train supervision at the healthcare needs. It is plan to remove the IJ updated client Health (HSSPs) and the revious The IJ was removed a STAFF TRAINING PFCFR(s): 483.430(e)(2). For employees who would focus on skills at toward clients' health. This STANDARD is represented by the statement of the state	2: Based on interviews and bility failed to adequately train petency regarding untability of clients specific re needs. a.m., Immediate Jeopardy based on the facility's failure and accountability in regards. The facility developed a service and Support Plans sed accountability policy. On 7/5/22 at 2:24 p.m. (ROGRAM 2) work with clients, training and competencies directed needs. Not met as evidenced by: and record review, the lately train and ensure staffing supervision and attest specific to identified his affected 1 of 1 client during investigation collows: and Client #1's incident report ted, "When I (entered) his sed Client #1's incident report ted, "When I (entered) his sed Client #1) looked at me, by in color and eyes were urses (Licensed Practical PN A) to come to his room. (noticed) his oxygen		192			
	Concentiator wash to	11.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	I ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING			C 07/05/2022		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 711 SOUTH VINE STREET GLENWOOD, IA 51534	E, ZIP CODE	07/05/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD B ED TO THE APPROPRIA TICIENCY)			
W 192	Record review reveal had diagnoses included diagnoses included diagnoses included disability, recurrent proposed possible procurrent	led Client #1, 48-years old, ding: profound intellectual ineumonia, aspiration with exation, and tracheotomy 4/13/22 at 12:22 p.m. at in the day room at 12:22 atment Worker (RTW) A #1's oxygen tubing, turned off ator, and unplugged the from the wall. RTW A concentrator into Client #1's 22 p.m. to 12:25 p.m., RTW nce from RTW B, transferred er lift to his bed in his .m., RTW A left Client #1's .m., LPN A walked into At 12:34 p.m., LPN A #1's bedroom. At 12:44 into Client #1's bedroom for ralking back out. At 2:20 W B walked down the Client #1's bedroom. At 2:38 at the doorway and looked in p.m., RTW C walked out and office. At 3:18 p.m., LPN A ato Client #1's bedroom. Ariew revealed Client #1's dated 4/13/22 at 3:20 p.m., indicated, "Lying in bed. In tone/face upon entry to ale and clammy. Respirations Dximeter reading was 62%.	W	192				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		16G003	B. WING		0	C 7/05/2022
	ROVIDER OR SUPPLIER OD RESOURCE CENTER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534		7700/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 192	bedside assisting. Myellow secretions suctubing switched to a guiters of Oxygen) via response to color of s (Oxygen) saturations. Client #1's clinical not completed by the Pririndicated, "The patier hypoxic episode, and that his oxygen was as low as 62%, put reapplication of (Liters)/suctioning led return to baseline. (Client #1) supervision. Direct or check on (Client #1) supervision and PM (evint experimental experimen	y via trach. (LPN B) at oderate amount of thick pale tioned from trach. (Oxygen) green tank delivering (Ten trach with an immediate skin, respirations, and " te dated 4/13/22 at 4:14 p.m. mary Care Physician (PCP), at was noted to have a nursing evaluation showed off. His (oxygen saturation) bulse 61, and (respirations) of (oxygen) at 5-10 to immediate response and oxygen) saturation is now Pulse is 80 and is at baseline behavior." ew revealed Client #1's an (ISP) dated 8/18/21, a is provided general are staff should physically every 15 minutes on the AM vening) shift and every 30 ch shift." ed the facility's dated 1/28/20, indicated, a on general supervision,	W 19			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		16G003	B. WING _			C 7/05/2022	
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CO 711 SOUTH VINE STREET GLENWOOD, IA 51534		7700/2022	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 192	Residential Treatm she took Client #1's concentrator before into Client #1's bed off the concentrator will be concentrator and lethought she turned position after she personal cares. Client #1's bedroor transferred Client # RTW B left the bed personal cares. Clineeded suctioned a nurse. RTW A con Client #1's 15-minushe left him in his beautiful to a proving shift assisting to appointments walked down the him approximately 2:30 When interviewed B confirmed she as Client #1 on 4/13/2 Client #1's bedroor #1's transfer. She worked on a puzzle She stated they fail checks because the At shift change, RT down the hall to do They stood in Client Client She stated they fail checks becould in Client Province Interviewed Int	ent Worker (RTW) A reported so oxygen off and turned off the eashe took the concentrator froom. She stated she turned or to move, because the eap if they unplug the eave it in the on position. She the concentrator to the on olugged the concentrator in, in m. RTW A and RTW B into his bed from a Hoyer lift. Froom and RTW A finished itent #1 sounded like he eand RTW A informed the firmed she did not complete the supervision checks after bedroom. According to RTW of 2:15 p.m. RTW A and RTW B allway. They could see Client of and he was fine. The ead two clients to get ready to so they did not complete shift W A left the home at	W	192			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		16G003	B. WING		07/05/2022
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	1 01103/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
W 192	Continued From pa	ge 5	W 19	2	
	C reported she arriv 2:00 p.m. They did with the morning sh instructed to get two appointment. After clients, she continue showers with other did not have account thought she had be bed. RTW C went in approximately 3:20 as having gray skin	on 6/23/22 at 5:20 p.m. RTW yed at work at approximately not complete a walk-though ift because they were o clients up for a doctor's she assisted with one of the ed personal cares and clients. RTW C stated she ntability for Client #1, but tter get Client #1 up out of into Client #1's bedroom at p.m. She described Client #1, blue lips, and gasping for air. nurses. She could not go			
	D reported he had a stated he did not co or do a complete wa The AM shift inform get ready to go to the back and assisted to go. He met two down the hallway to sheets. They did not RTW D confirmed he incident on how check. When interviewed coreported, at approximate a province asked her to suction entered Client #1's the oxygen concent She stated Client #APN, the concentral	on 6/23/22 at 4:40 p.m. RTW accountability of Client #1. He amplete his 15-minute checks alk-through at shift change. He was to clients needed to be doctor. He went to the one of the clients to get ready of the morning staff halfway of exchange accountability of go into all clients bedrooms. He was "more schooled" after to complete a 15-minute on 6/29/22 at 11:50 a.m. LPN A mately 12:30 p.m., RTW A no Client #1. When she bedroom, she did not notice trator was in the off position. It's bedroom is noisy with the tor, the window air at T.V. all on. She completed			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		16G003	B. WING			C 07/05/2022
	ROVIDER OR SUPPLIER OD RESOURCE CENTER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 192	C notified her again a something was wrong LPN B entered Client noted right away his of the off position. LPN having a gray color to respirations. His pulse could not remember I Client #1's oxygen could not remember I Client #1's oxygen. She LPN B grabbed the pwas at baseline within Additional interview or reported LPN B was completed the suction gave 10 Liters of oxyghave an immediate reoxygen provided through when interviewed on reported RTW C came told LPN A arrived to Client #1's oxposition. LPN A turned took Client #1's pulse oxygen read in to get a tank and LPN the closet around the came up above 92% #1's pulse oxygen we the bedroom. She st turn off the concentral machine because the	It Client #1's bedroom. RTW approximately 3:20 p.m. gwith Client #1. LPN A and #1's bedroom and LPN A boxygen concentrator was in A described Client #1 as a his skin and shallow se oxygen was very low, she mow low. She turned on incentrator and applied five a needed more oxygen, so ortable tank. She stated he in a few minutes. In 7/5/22 at 1:56 p.m. LPN A in the room with her and hing on Client #1 before she gen. Client #1 started to exponse to the 10 Liters of augh the portable oxygen. 6/23/22 at 5:00 p.m. LPN B is into the nurse's office and a Client #1 did not look right. In the #1's bedroom first and an expose to the tank out of corner. LPN B stated his the 80's. LPN A instructed B retrieved the tank out of corner. His pulse oxygen within seconds. Once Client and a tor is in the on position and after is in the on position and	W 19	92		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING				C 05/2022
	ROVIDER OR SUPPLIER DD RESOURCE CENTER	ł.	•	711	REET ADDRESS, CITY, STATE, ZIP CODE SOUTH VINE STREET ENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 192	facility failed to provide and accountability in HEALTH CARE SER CFR(s): 483.460	6/24/22 at 9:45 a.m. anagement confirmed the le training on supervision regards to oxygen use. VICES ure that specific health care		318			
W 368	Based on interviews facility failed to comple Participation: Health 6 evidenced by the faci physician's orders we This affected 1 of 1 cduring investigation # Cross reference W36 record reviews, the faphysician orders. On 6/30/22 at 10:46 at (IJ) was determined by the follow physician order a plan to remove the the physician orders or bathing. The properties of transfers or bathing. The CFR(s): 483.460(k)(1) The system for drug at the physician orders or the physician orders or bathing. The system for drug at the physician orders or bathing. The system for drug at the physician orders or bathing. The system for drug at the physician orders or bathing. The system for drug at the physician orders or bathing. The system for drug at the physician orders or bathing. The system for drug at the physician orders or bathing.	lity's failure to ensure are consistently followed. lient (Client #1) reviewed alto 104748-I. Finding follows: 8: Based on interviews and acility failed to follow a.m., Immediate Jeopardy based on the facility's failure ders. The facility developed IJ, which included updating to remove oxygen for DIA removed the IJ on TION) administration must assure	W	368			
		ninistered in compliance with					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		16G003	B. WING			C 07/05/2022	
	ROVIDER OR SUPPLIER DD RESOURCE CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	·	OTTOGIZOZZ	
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W 368	Based on interview facility failed to follo affected 1 of 1 clier investigation #1047 Record review rever dated 4/13/22, indiced bedroom at 3:20 p. noticed client was of glossy, notified the Nurse (LPN) B and (LPN A) immediated concentrator wasn't Additional record rediagnoses, at the tiprofound intellectual pneumonia, aspirate colonization, and tracello (All Purpose Nebuli to 4 liters via trache (above) 92%. May appointments/outin nurse." Record review reverse a. Video footage darevealed Client #1 sp.m. Residential Tracello (above) Tracello (above) Tracello (above) Tracello (above) 4 sp.m. Residential Tracello (above) Tracello (above) 4 sp.m. Residential Tracello (a	s not met as evidenced by: vs and record review, the by physician orders. This nt (Client #1) reviewed during r48-I. Finding follows: ealed Client #1's incident report cated, "When I (entered) his m., (Client #1) looked at me, grey in color and eyes were nurses (Licensed Practical I LPN A) to come to his room. ly (noticed) his oxygen t on." eview revealed Client #1's me of the incident, included al disability, recurrent cion, with pseudomonas acheostomy (trach). eview revealed Client #1's ated 6/29/21, indicated, "APN izer) combined with oxygen up mask to keep (saturation) be off APN for (off campus) gs as determined by unit	W 36				
	revealed Client #1 sp.m. Residential Tridisconnected Clien the oxygen concentrate wheeled the oxygen	sat in the day room at 12:22 reatment Worker (RTW) A					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY MPLETED
		16G003	B. WING		,	C 07/05/2022
	ROVIDER OR SUPPLIER OD RESOURCE CENTE	R		STREET ADDRESS, CITY, STATE, ZIP CODE 711 SOUTH VINE STREET GLENWOOD, IA 51534	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 368	Client #1 from a Hoy bedroom. At 3:17 p. Client #1's bedroom down to the nurse's and LPN B walked in b. Client #1's nursing at 3:20 p.m. complet "Lying in bed. Gray upon entry to room. clammy. Respiration Oximeter reading waimmediately noted the button was in the "of turned on and turned Oxygen) via trach. (Moderate amount of suctioned from trach to a green tank deliv via trach with an immiskin, respirations, and c. Client #1's clinical p.m. completed by the (PCP), indicated, "Tile a hypoxic episode, a showed that his oxygisaturation) was as led (respirations) 24, bu 5-10 (Liters)/suction response and return saturation is now 10 80 and (respirations) behavior."	ance from RTW B, transferred ver lift to his bed in his ver. RTW C walked out and office. At 3:18 p.m., LPN A into Client #1's bedroom. It gassessment dated 4/13/22 ted by LPN A, indicated, tint noted to skin tone/face Extremities pale and is tacky and shallow. It is a second concentrator of the coxygen concentrator of the coxygen concentrator of the coxygen concentrator of the coxygen bedside assisting. It hick pale yellow secretions is a coxygen tubing switched dering (Ten Liters of Oxygen) in the patient was noted to have and nursing evaluation of the patient was noted to have and nursing evaluation gen was off. His (oxygen) ow as 62%, pulse 61, and it reapplication of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation of (oxygen) at the patient was noted to have and nursing evaluation at the patient was noted to have and nursing evaluation at the patient was noted to have and nursing evaluation at the patient was noted to have and nursing evaluation at the patient was noted to have and nursing evaluation at the pati	W 36	58		
		nt Worker (RTW) A reported oxygen off and turned off the				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		16G003	B. WING				05/2022
NAME OF P	ROVIDER OR SUPPLIER	10000		S	TREET ADDRESS, CITY, STATE, ZIP CODE	077	05/2022
GLENWO	OD RESOURCE CENTER	1			11 SOUTH VINE STREET GLENWOOD, IA 51534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 368	into Client #1's bedrooff the concentrator will been concentrator will been concentrator and leave thought she turned the position after she plug Client #1's bedroom. It is bedroom. It i	the took the concentrator om. She stated she turned on move, because the orif they unplug the verif in the on position. She is e concentrator to the on gged the concentrator in, in RTW A and RTW B into his bed from a Hoyer lift. Om and RTW A finished on the first and the med she did not complete supervision checks after droom. According to RTW into the first and he was fine. The is two clients to get ready to or they did not complete shift A left the home at the first and he was the was the first and he was	w	368			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		16G003	B. WING _		-		05/2022	
	ROVIDER OR SUPPLIER DD RESOURCE CENTER	ł.	'	STREET ADDRESS, CITY, STA 711 SOUTH VINE STREET GLENWOOD, IA 51534	ιΤΕ, ZIP CODE	, <u> </u>	VV : I V	
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W 368	Continued From page When interviewed on reported, at approxim asked her to suction of entered Client #1's be the oxygen concentrate She stated Client #1's APN, the concentrate conditioner, and his T the suctioning and lef C notified her again a something was wrong LPN B entered Client noted right away his of the off position. LPN having a gray color to respirations. His pulse could not remember to Client #1's oxygen co Liters of oxygen. She LPN B grabbed the p was at baseline within Additional interview or reported LPN B was is completed the suction gave 10 Liters of oxyg have an immediate re	e 11 6/29/22 at 11:50 a.m. LPN A ately 12:30 p.m., RTW A Client #1. When she edroom, she did not notice stor was in the off position. be bedroom is noisy with the r, the window air '.V. all on. She completed t Client #1's bedroom. RTW t approximately 3:20 p.m. g with Client #1. LPN A and #1's bedroom and LPN A boxygen concentrator was in A described Client #1 as his skin and shallow the oxygen was very low, she now low. She turned on incentrator and applied five the needed more oxygen, so ortable tank. She stated he	W	Di				
	reported RTW C cam told LPN A and LPN I LPN A arrived to Clien noticed Client #1's ox position. LPN A turne took Client #1's pulse pulse oxygen read in to get a tank and LPN	6/23/22 at 5:00 p.m. LPN B e into the nurse's office and 3 Client #1 did not look right. nt #1's bedroom first and ygen concentrator in the off ed on the concentrator and oxygen. LPN B stated his the 80's. LPN A instructed I B retrieved the tank out of corner. His pulse oxygen						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
		16G003	B. WING		_	C 07/05/2022
NAME OF PROVIDER OR SUPPLIER GLENWOOD RESOURCE CENTER				STREET ADDRESS, CITY, STA 711 SOUTH VINE STREET GLENWOOD, IA 51534	ATE, ZIP CODE	01/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE ICED TO THE APPROPRIAT EFICIENCY)	
W 368	#1's pulse oxygen we the bedroom. She staturn off the concentral machine because the alarm if the concentrathe machine is unplug. When interviewed on Registered Nurse (RN	within seconds. Once Client nt above 92%, LPN B left ated the facility staff always tors before they unplug the concentrator sounds an tor is in the on position and	W	368		

Tag-W158 FACILITY STAFFING: CFR(s): 483.430: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

The facility must ensure that specific facility staffing requirements are met.

DIA found the facility failed to provide adequate and on-going training and oversight to ensure staff competency specific to identified healthcare needs.

Individual Response:

The GRC Accountability Policy was revised on 6/30/2022 to require at each accountability check, if an individual is utilizing supplemental oxygen, staff must ensure the oxygen is on, including humidified air (APN), if being utilized. This was trained to all staff regularly assigned to house 464.

Responsible: Superintendent Date completed: 7/6/2022

The GRC Accountability Policy was revised on 7/25/2022 to require at each accountability check, if an individual is utilizing supplemental oxygen, staff must ensure the oxygen is on, tubing is attached and oxygen is flowing, including humidified air (APN), if being utilized. This will be trained to all staff regularly assigned to house 464.

Responsible: Superintendent Date to be completed: 8/8/2022

All staff and nurses working with client #1 with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

Systemic Response:

All staff that regularly take accountability for individuals will be trained on the revised Accountability policy dated 6/30/22.

Responsible: Assistant Superintendent of Treatment Program Services

Date completed: 7/15/2022

All staff that regularly take accountability for individuals will be trained on the revised Accountability policy dated 7/25/22.

Responsible: Assistant Superintendent of Treatment Program Services

Date to be completed: 8/8/2022

All staff and nurses working with individuals with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

GRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently. Individuals who utilize supplemental O2 in house 464, both continuous and PRN, will have routine eyes on tracked checks by nursing to ensure the O2 concentrator (and humidifier if applicable) is on, with tubing connected correctly, functioning appropriately, and checking the individual to ensure O2 is flowing, and the individual is not in distress.

Responsible: Superintendent

Date to be completed: 6/30/2022 and continued

Tag-W192 STAFF TRAINING PROGRAM: CFR(s): 483.430(e)(2): For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.

DIA found the facility failed to ensure physician's orders were consistently followed.

Individual Response:

The GRC Accountability Policy was revised on 6/30/2022 to require at each accountability check, if an individual is utilizing supplemental oxygen, staff must ensure the oxygen is on, including humidified air (APN), if being utilized. This was trained to all staff regularly assigned to house 464.

Responsible: Superintendent Date completed: 7/6/2022

The GRC Accountability Policy was revised on 7/25/2022 to require at each accountability check, if an individual is utilizing supplemental oxygen, staff must ensure the oxygen is on, tubing is attached and oxygen is flowing, including humidified air (APN), if being utilized. This will be trained to all staff regularly assigned to house 464.

Responsible: Superintendent Date to be completed: 8/8/2022

All staff and nurses working with client #1 with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

Systemic Response:

All staff that regularly take accountability for individuals will be trained on the revised Accountability policy dated 6/30/2022.

Responsible: Assistant Superintendent of Treatment Program Services

Date completed: 7/15/2022

All staff that regularly take accountability for individuals will be trained on the revised Accountability policy dated 7/25/2022.

Responsible: Assistant Superintendent of Treatment Program Services

Date to be completed: 8/8/2022

All staff and nurses working with individuals with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

GRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently. Individuals who utilize supplemental O2 in house 464, both continuous and PRN, will have routine eyes on tracked checks by nursing to ensure the O2 concentrator (and humidifier if applicable) is on, with tubing connected correctly, functioning appropriately, and checking the individual to ensure O2 is flowing, and the individual is not in distress.

Responsible: Superintendent

Date to be completed: 6/30/2022 and continued

Tag-W318 HEALTH CARE SERVICES: CFR(s): 483.460: The facility must ensure that specific health care services requirements are met.

DIA found the facility failed to ensure nursing staff provided appropriate training to staff and care to clients to ensure implementation of client health care plans.

Individual Response:

Physician's orders for the use of oxygen for client #1 has been revised to include the language, may remove during transferring or bathing.

Responsible: Superintendent Date completed: 6/30/2022

All staff and nurses working with client #1 with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

Systemic Response:

Individuals with physician's orders for the use of oxygen will be revised to include the language, may remove during transferring or bathing.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

All staff and nurses working with individuals with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

GRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently. Individuals who utilize supplemental O2 in house 464, both continuous and PRN, will have routine eyes on tracked checks by nursing to ensure the O2 concentrator (and humidifier if applicable) is on, with tubing connected correctly, functioning appropriately, and checking the individual to ensure O2 is flowing, and the individual is not in distress.

Responsible: Superintendent

Date to be completed: 6/30/2022 and continued

Tag-W368 DRUG ADMINISTRATION: CFR(s): 483.460(k)(1): The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.

DIA found the facility failed to follow physician orders.

Individual Response:

Physician's orders for the use of oxygen for client #1 has been revised to include the language, may remove during transferring or bathing.

Responsible: Superintendent Date completed: 6/30/2022

All staff and nurses working with client #1 with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

Systemic Response:

Individuals with physician's orders for the use of oxygen will be revised to include the language, may remove during transferring or bathing.

Responsible: Superintendent

Date completed: 6/30/2022 and continued

All staff and nurses working with individuals with physician's orders for the use of oxygen will be trained on the associated HSSPs.

Responsible: Superintendent

Date to be completed: 6/30/2022 and continued

GRC will continue to provide competency-based training and monitor employees to enable them to perform their duties effectively, efficiently, and competently. Individuals who utilize supplemental O2 in house 464, both continuous and PRN, will have routine eyes on tracked checks by nursing to ensure the O2 concentrator (and humidifier if applicable) is on, with tubing connected correctly, functioning appropriately, and checking the individual to ensure O2 is flowing, and the individual is not in distress.

Responsible: Superintendent

Date to be completed: 6/30/2022 and continued