STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 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.	W 000	POC 8/8/22	
W 158	FACILITY STAFFING 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 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:	W 158		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 158	Continued From page 1 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. 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.	W 158		
W 192	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. This STANDARD is not met as evidenced by: 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: 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."	W 192		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 192	Continued From page 2	W 192		

Record review revealed Client #1, 48-years old, had diagnoses including: profound intellectual disability, recurrent pneumonia, aspiration with pseudomonas colonization, and tracheotomy (trach).

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 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 192	Continued From page 3	W 192		

(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."

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."

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."

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 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."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 192	Continued From page 4	W 192		

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.

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 192	Continued From page 5 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-though 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. 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. 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	W 192		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 192	Continued From page 6	W 192		

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.

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.

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 192	Continued From page 7 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.	W 192		
W 318	HEALTH CARE SERVICES CFR(s): 483.460 The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: 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: Cross reference W368: Based on interviews and record reviews, the facility failed to follow physician orders. 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 the physician orders to remove oxygen for transfers or bathing. DIA removed the IJ on 7/5/22 at 2:24 p.m.	W 318		
W 368	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.	W 368		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 368	Continued From page 8	W 368		

This STANDARD is not met as evidenced by:
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:

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."

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).

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."

Record review revealed the following:

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 368	Continued From page 9	W 368		

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.

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 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."

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."

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 368	Continued From page 10	W 368		

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.

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-though 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 368	Continued From page 11	W 368		

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.

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G003	A. BUILDING _____ B. WING _____	C 07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD RESOURCE CENTER	711 SOUTH VINE STREET GLENWOOD, IA 51534

(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 368	Continued From page 12 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. 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.	W 368		

Glenwood Resource Center (GRC)
Citation Level Plan of Correction – FC #5794

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

Glenwood Resource Center (GRC)
Citation Level Plan of Correction – FC #5794

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

Glenwood Resource Center (GRC)
Citation Level Plan of Correction – FC #5794

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.

Glenwood Resource Center (GRC)
Citation Level Plan of Correction – FC #5794

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