Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6135			**Date:** June 15, 2023
Facility Name: Glenwood Resource Center		**Survey Dates:** 5/30/23 – 6/1/23	
Facility Address/City/State/Zip 711 S Vine St Glenwood, IA 51534	KD/CC	**The fine may be reduced by 35 percent pursuant to Iowa Code section 135C.43A and subrule 56.3(6)**	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
IAC 481 - 64.60	**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.** **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.** **This rule is intended to implement Iowa Code Section 135C.2(3).**	**I**	**$2,500.00**	**Upon receipt**
W249	**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.**			

Facility Administrator Date

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	Based on interviews and record review, facility staff failed to consistently ensure each client received supports and services as outlined in their individual program plan (IPP). This affected 1 of 1 clients (Client #1) involved in investigation 112761-I. Finding follows: Record review on 5/30/23 revealed Client #1's incident report (IR) dated 3/27/23, indicated Client #1 got out of bed around 4:40 a.m., went into the bathroom, fell and hit his head before being discovered by staff. The report further indicated when a nurse arrived a few minutes later, the client was seated in the bathtub naked with blood dripping from a dime sized open wound on the left side of his head. The Registered Nurse (RN) noted the client's left eye started to swell shut during the evaluation/treatment. The report further indicated the Advanced Registered Nurse Practitioner (ARNP) directed the client needed to go to hospital. Facility staff called for an ambulance at 4:45 a.m. and Client #1 was treated for his injuries within the hour. Further record review on 5/31/23 revealed Client #1's nurse's note entered by the ARNP dated 3/27/23,			

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	indicted a post discharge evaluation at patient's house confirmed he was clinically stable. The client had three staples noted on the lateral anterior left cephalic region (left side of his head) with mild edema to the injury site and left eyelid. The note added there was no acute deviation to mentation (mental activity) or functional ability. Additional record review revealed Client #1, a 35 year old male, had diagnoses including profound intellectual disability, autism spectrum disorder, generalized anxiety disorder, KBG Syndrome (genetic disorder characterized by short stature), osteoporosis and stereotypic movement disorder. Continued record review on 5/30/23 revealed Client #1's Physical Nutritional Management Plan (PNMP) revised 1/31/23, indicated Client #1 needed staff to hold on to his gait belt anytime he ambulated. The document further directed Client #1's bed alarm needed to be reset anytime the client was in bed to alert staff when he got out of bed. Additionally, the client used chair alarms anytime he was seated in a chair to alert staff he was up. When interviewed on 5/30/23 at 3:33 p.m. Residential Treatment Worker (RTW) A confirmed she			

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	worked the overnight (NOC) shift in House 248 on 3/26/23 to 3/27/23 and was assigned to Client #1 and one other client. She indicated the shift typically ran from 10:15 p.m. to 6:15 a.m. She confirmed when she started a shift she was supposed to do rounds with a staff from the previous shift and visually see every client she was going to take supervision of. She understood this meant making sure they were dry, breathing and had everything they needed. She admitted she talked with RTW B, but they did not complete rounds into Client #1's bedroom or check to ensure his bed alarm was on/working. She explained they were hesitant to open his door and go into his room because once awake he tended to be loud which had potential to wake up other residents. She confirmed that night she had not entered the room to see Client #1 the entire shift prior to the incident. RTW A reported about 4:30 a.m. she needed to use the restroom and did so thinking neither of the two clients she was assigned to would get up. While in the restroom she heard the door to the bathtub room slam and knew one of her guys went into the bathroom. She got to the bathroom within a couple minutes and found Client #1 trying to put his pants back on with blood coming from his head. She reported she tried to briefly clean him up, put him in the bathtub and left to call for help. Shortly after, a			

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	nurse and supervisor arrived and tended to the client. Shortly after the incident RTW C asked her why the alarm never went off she checked in the bedroom and found it to be half plugged in with bent prongs sticking out. She stated she could not bend the prongs to make it work again, but RTW C came into the room and straightened the prongs which allowed it to be plugged in and work properly. She stated she was not sure why it was bent and pulled out of the wall. She thought maybe when he moved, his bed rubbed it and bent the prongs rendering it ineffective. When interviewed on 5/31/23 at 11:25 a.m. RTW B confirmed she worked with Client #1 on the 2:00 p.m. to 10:00 p.m. shift on 3/26/23. She stated she talked with RTW A and other staff at the end of her shift to provide changeover regarding the clients. She reported when she handed supervision of Client #1 over the next shift she stated she was not informed who would be responsible for Client #1. She stated this was the reason she failed to go into client bedrooms together with his new staff and check on him. When interviewed on 5/30/23 at 2:55 p.m. the Assistant Superintendent (AS) discussed the incident and showed video footage from the hallway and			

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	bedroom area from House 248 at the time of the incident. The video revealed Client #1 exited his bedroom at 4:32 a.m. on 3/27/23 and entered the restroom with a shower. One minute later the client left the room and went across the hall to the restroom with a bathtub. Within two minutes the video showed RTW A entered the room with Client #1 and within a couple minutes she was observed outside the restroom making a phone call. Around four minutes later a nurse and a supervisor arrived and entered the restroom with Client #1. The AS reported he watched the video for the shift and the video revealed RTW A never completed her 30 minute checks by Client #1's bedroom all night prior to the incident. The AS confirmed the staff had worked in the home many years, had been trained on both the policy and the client's PNMP and should have checked on him and ensured his alarm was working. When interviewed on 5/30/23 at 1:20 p.m. the Treatment Program Administrator (TPA) confirmed Client #1 went to the hospital on 3/27/23 and received three staples in his head. The interview took place in House 248 where the TPA showed Client #1's bed and how it could move if the wheels weren't locked. The TPA also showed how the prongs on the plug in for the bed/alarm had been bent at one time.			

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	He confirmed RTW A and RTW B should have completed rounds together at 10:00 p.m. on 3/26/23 and those rounds should have ensured the client's bed alarm was on and working. He stated had the alarm been working staff would have been alerted the client was out of bed and the incident might have been prevented. The TPA further confirmed Client #1 used bed and chair alarms to alert staff to assist him as he walked due to his very unstable gait and a history of falls.			

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