

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

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4/4/18
PRINTED: 03/27/2018
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/28/2018 |
| NAME OF PROVIDER OR SUPPLIER HARMONY HOUSE HEALTH CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2950 WEST SHAULIS ROAD WATERLOO, IA 50701 | | |
| (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 | W 000 | | | |
| W 153 | <p>At the time of investigation 73810-M a deficiency was cited at W153.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review the facility failed to ensure staff immediately reported allegations of potential abuse in accordance to facility policy. This affected 1 of 1 client (Client #1) involved in investigation 73810-M. Finding follows:</p> <p>Record review on 2/19/18 revealed a facility self-report submitted on 1/15/18. According to the self-report, Developmental Assistant (DA) A reported DA B encouraged Client #1 to engage in self-injurious behavior of hitting himself. She further reported when DA B told Client #1 to hit himself the client followed the direction. DA B responded by laughing and encouraged DA A to watch. The incident occurred on 1/8/18. The investigation file documented staff completed a written statement on 1/12/18. The investigation summary documented the Administrator was notified on 1/15/18.</p> <p>When interviewed on 2/21/18 at 9:30 a.m. DA A stated she reported a concern to her supervisor</p> | W 153 | <p>See attached</p> <p>POC 2/27/18</p> | | |

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.

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| W 153 | <p>Continued From page 1</p> <p>on 1/12/18. She stated on 1/8/18 sometime between the hours of 4:45 p.m. - 5:20 p.m. DA B asked her if she wanted to see something. When she responded affirmatively, DA B told Client #1 to hit himself and the client responded by hitting himself in the head. DA B said "again, again and again" and the client hit himself in the head again. DAA stated she reassured the client he did not need to hit his head and the staff made no further comment to the client. DAA stated she did not know DA B's intentions but had the impression the staff thought it was funny. She was concerned about the situation but did not immediately report it because she was unsure of who to contact and DA B had worked at the facility longer than her. DAA stated because the situation continued to bother her, she reported it on 1/12/18 to her supervisor.</p> <p>Record review of Abuse Prevention, Training and Investigations Policy last revised on 8/24/16 revealed the following protocol for reporting: Any employee would be required to report allegations or suspicions of mistreatment, abuse or other crimes perpetrated by any person immediately and without hesitation directly to the person in charge of the facility at the time. If that person was not the Administrator, the employee would also be required to report the allegation to the Administrator within one hour of first becoming aware.</p> <p>The Mandatory Reporting of Dependent Adult Abuse, Crimes and other Notifications policy last revised on 8/24/16 also documented an employee or staff member should immediately notify the person in charge or the person's designated agent.</p> <p>When interviewed on 2/20/18 at 11:50 a.m. the</p> | W 153 | | | |

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| W 153 | <p>Continued From page 2</p> <p>Opportunity Advancement Center (OAC) Director confirmed staff failed to immediately report an allegation of abuse. She stated DAA informed her on 1/12/18 about an interaction between Client #1 and DA B on 1/8/18. DAA told her she was unsure if she should report it because the staff did not physically interact with the client but did tell Client #1 to hit himself. DAA told the OAC Director the interaction bothered her throughout the week and decided to inform the OAC Director on 1/12/18.</p> <p>When interviewed on 2/28/18 at 3:00 p.m. the Administrator confirmed staff failed to report the incident immediately. She stated the issue was addressed with the involved staff and staff were currently being retrained to report any concerns immediately to their supervisor.</p> | W 153 | | | |

Plan of Correction related to investigation of self-report 63877 and the resulting investigation 73810-M

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law

W 153 STAFF TREATMENT OF CLIENTS

CFR(s): 483.420(d)(2)

The facility ensures that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

1. Staff was provided education on 1/12/2018 and 1/16/2018 and the remaining staff on 2/27/2018.
2. Employees are given reminder cards, with their name badges, indicating the expectations of abuse reporting.
3. At the staff meetings, staff will be quizzed regarding the requirements involved in reporting abuse, on a quarterly basis for a year. This will be documented in the meeting minutes and staff will sign the attendance sheet.