

DEPARTMENT OF INSPECTIONS AND APPEALS

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10/14/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 750562	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2021
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NAME OF PROVIDER OR SUPPLIER PRIDE GROUP AT LINCOLN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1240 LINCOLN STREET NE LE MARS, IA 51031
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(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) COMPLETE DATE
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R 000	Initial Comments No deficiencies were cited during the survey conducted to determine compliance with the licensing rules for a Residential Care Facility or the investigation of Incident #98986-I . The following deficiency was cited during the investigation of Incident #98853-I:	R 000		
R1024	481-57.34(3)c Safety 481-57.34(135C) Safety. The licensee of a residential care facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (I, II, III) 57.34(3) Resident safety. c. Residents shall receive adequate supervision to ensure against hazard from themselves, others, or elements in the environment. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide proper supervision to 2 of 3 residents reviewed regarding Incident #98853-I (Resident #1 and Resident #2). Findings follow: Record review on 8/2/21 revealed an incident report for Resident #3 dated 7/26/21. Resident #3 became angry on that date and charged at the Administrator's door, attempting to enter the office. He was unable to do so. Resident #3 saw the Resident Service Coordinator in the hallway who asked if he was okay. He then started running toward her. At that time, residents and staff were alerted via the loudspeaker to stay upstairs or behind a locked door and the police	R1024	Plan of Correction is attached DD	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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R1024	<p>Continued From page 1</p> <p>were called. Resident #3 punched the glass on a fire door and broke the window. He started cutting on his arm and hand with the glass. He then punched the glass out of the front door and a larger piece of glass broke out. Resident #3 took the larger piece of glass out and cut his throat on one side of his body. Resident #3 continued to cut his throat in different areas while also using his head to try and enter the break room where the Dietary Manager was located.</p> <p>The Assistant Director of Nursing (ADON) reported on 8/3/21 at 9:30 AM she started getting residents into their rooms on the second floor as soon as she was notified by the Director of Nursing to do so. She did this with the assistance of the Certified Medication Assistant (CMA). Once all residents were in their rooms (she was not sure they were behind locked doors), she went to the nurse's station with the CMA and housekeeper and locked the door behind them. The ADON recalled seeing Resident #2 on the video cameras on the first floor where Resident #3 was located. She did not see Resident #1 on the camera.</p> <p>On 8/3/21 at 7:50 AM, the Dietary Manager reported she observed Resident #1 and Resident #2 in the hallway by Resident #3 on 7/26/21. Resident #3 was holding a piece of glass to his neck and Resident #2 was asking Resident #3 if he was okay. The Dietary Manager asked Resident #1 and Resident #2 to go outside for their safety but was then directed to go back in the break room by the Resident Service Coordinator. The Dietary Manager was not sure if the residents went outside. The Dietary Manager expressed fear Resident #3 would get through the break room door when he was hitting it with his head and fists.</p>	R1024		
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R1024	<p>Continued From page 2</p> <p>On 8/2/21 at 4:10 PM, Resident #2 reported she came down from the second floor when she heard the loud banging. Resident #2 could hear an announcement but didn't understand what was said. When she got to the first floor, she saw Resident #3 break the glass and jam a piece of it into his throat twice. She stayed with him until the police arrived. Resident #2 said no staff approached her or asked her to walk away from Resident #3.</p> <p>On 8/3/21 at 10:05 AM, Resident #1 reported she was sleeping and did not hear an announcement to remain upstairs. She was awakened by a loud banging. Resident #1 went downstairs and did not encounter any staff on her route. When she got there, she saw Resident #3 with a piece of glass in his hand. He stuck it in his neck one time. Resident #1 then left the area but was not asked to do so by staff.</p> <p>On 8/3/21 at 10:40 AM the Administrator reported she was aware Resident #2 was on the first floor during the incident but not Resident #1. She was unaware of this until hearing it from the Dietary Manager on 8/3/21. The Administrator believed Resident #3 was targeting staff members, not residents on 7/26/21.</p>	R1024		
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✓ 10/14/21

September 30, 2021

RE: Pride Group @ Lincoln St.
Provider#750562
FC#5382

The Pride Group respectfully submits its Corrective Action Plan to DIA #98853-I regarding violation of 481.57.34(3)c. (135c) Safety/Resident Safety:

1. Compliance Officer and new Administrator will identify emergency and practice drill procedures to address: 1) workplace violence of an escalated individual ensuring a safe environment for members and staff, and 2) adequate supervision to ensure against hazard from themselves, others, or elements in the environment. Due date: October 8, 2021
2. Compliance Officer will update emergency plan procedures. Due date: October 15, 2021
3. Compliance Officer will review and update the following policies and procedures as needed. Due date: October 20, 2021
 - Health, Medical and Safety of Members
 - Employee Health and Safety
 - Workplace Violence
 - Supervision of Members
4. Administrator will train RCF staff on the updated emergency plan procedures and Policies and Procedures listed above. Due date: October 21, 2021
5. Administrator will incorporate new emergency plan procedures as part of new hire on-boarding training for RCF staff. Due date: October 21, 2021
6. Administrator will identify and create practice drill schedule and log sheet. Due date: October 29, 2021
7. Administrator will conduct practice drills with staff on a semi-annual basis and document completion of drills. Due date: November 8, 2021
8. Practice drill logs will be sent to Compliance Officer as a record of compliance. Follow-up discussion with Administrator regarding the effectiveness of the initial drills to identify improvements.

✓ 10/8/21