STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16G036	A. BUILDING _____ B. WING _____	C 06/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY LIVING #1	105 WESTVIEW LAKE CITY, IA 51449

(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 The investigation of 97959-I from 6/21/21 to 6/22/21 resulted in a deficiency at W189. A focused infection control survey was also completed at the time. No deficiencies were cited.	W 000		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure staff were trained to consistently implement facility protocols designed to ensure a safe environment for clients. This affected 1 of 1 clients involved in 97959-I (Client #1). Findings follow: Record review revealed a facility incident report dated 6/17/21 at 11:09 a.m. indicated Client #1 became upset after a group activity outside in the yard. The client wanted to go back outside and began hitting his head when told he could not. Staff blocked the behavior and escorted him to his bedroom. Another incident report by the Activities Support Professional (ASP) at 11:15 a.m. revealed she saw the client outside in the fenced in area alone and unsupervised. The report indicated as the ASP walked up to House B (across the street) she noticed Client #1 alone in the fenced in area on the west side of House A. The document indicated the ASP unlocked the	W 189	Staff were retrained on 6/17/2021 covering the All Staff Education for Door Alarms and Clients in the Front Room of House A which states: It is the expectation to do the following: 1)Physically opening ALL DOORS and checking alarms at each shift change. It is not acceptable for the staff to just look at the panel and see the light on. The staff doing this must ALL sign off on this (incoming and off-going). 2)The door alarm panel SHOULD NEVER BE TURNED OFF FOR ANY REASON! The safety of our clients is of utmost importance. 3) No clients can be left in the front room unsupervised. Physical modifications have been made to the door alarm system so that the alarm can no longer be shut off. Monthly training will be completed for the next three months covering the above All Staff Education Plan to ensure all staff have been trained properly. This plan of correction was put in to place on 6/17/2021. [redacted] Director of Community Living will be the person that will be responsible for ensuring ongoing compliance and monitoring.	

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 189	Continued From page 1 gate and took the client inside the house without injury. Record review for Client #1's indicated he had diagnoses including intellectual disability, cerebral palsy, moderate hearing loss and blindness. Further record review revealed a Behavior Management Program for elopement which indicated the client often attempted to leave the home and did not have the skills to be outside without supervision (the CFA confirmed this as well). The program indicated alarms were placed on the exterior doors as well as banners designed to stop Client #1 from leaving without staff. Record review revealed a facility investigation dated 6/18/21 which confirmed Client #1 eloped on 6/17/21 into the fenced in area outside of House A around 11:15 a.m. The investigation revealed facility staff and clients just came in from a water activity in the same area. The document indicated the Direct Support Supervisor (DSS) admitted he turned off the alarms for the west and front doors of the home just before the activities as the clients used those doors to get outside. The investigation noted the client was upset about being inside and taken to his bedroom around 11:09 a.m. The client was then found outside at 11:15 a.m. The investigation revealed the alarms were never to be shut off for any reason. Record review revealed a training document dated 4/13/21 which indicated the door alarms should not be turned off for any reason for the safety of the clients. An attached document revealed the training was completed by the DSS. When interviewed on 6/22/21 at 10:16 a.m. the	W 189		

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W 189	Continued From page 2 Activities Support Professional (ASP) confirmed she found Client #1 outside and unsupervised on the west side of House A on 6/17/21 at 11:15 a.m. The ASP reported when she first entered the area around 11:00 a.m. she saw all the clients and staff outside with the sprinkler on. At 11:15 a.m. when she saw Client #1 outside alone the ASP unlocked the gate, walked over to him and found him to be happy and free of injury. She walked him into the house where she told staff who were surprised he was outside. She said they immediately checked the alarms and found the west and front door alarms turned off. When interviewed on 6/22/21 between 8:55 a.m. and 10:30 a.m. Direct Support Professionals (DSP) A, B, C and D all confirmed they worked the morning of 6/17/21 in House A. They all confirmed they were aware Client #1 snuck out the west door of the house just after they came in from the sprinkler activity. All four staff confirmed the alarms were off for the west and front doors when the ASP brought the client in to the home around 11:15 a.m. The DSP's all stated the alarms were supposed to be on at all times unless they had the whole group leaving the home or a specific door was to be used repeatedly, then they could turn the alarm off temporarily. They all indicated they had since been retrained and the alarms were never to be turned off. When interviewed on 6/21/21 at 4:15 p.m. the DSS admitted he shut off the alarms for the west and front door around 10:00 a.m. on 6/17/21 just prior to the water activity outside in the yard. The DSS stated he shut off the alarm on the west door due to it being closer for the clients in wheel chairs, so they did not have to go out the front	W 189		

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W 189	Continued From page 3 door and all the way around the building. The DSS confirmed he knew the alarms were not supposed to be turned off, but did so anyway without thinking about it. When interviewed on 6/21/21 at 2:15 p.m. the Managing Director of Operations confirmed the DSS should have never shut off the alarms based on agency protocols he trained staff on two months prior in April 2021. She further noted they have made physical modifications to the alarm system and the alarms can no longer be shut off.	W 189		