

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

PRINTED: 02/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/28/2021
NAME OF PROVIDER OR SUPPLIER THEIMER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1605 THEIMER CEDAR FALLS, IA 50613	
(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 the investigation of #92938-M, 95158-I and #95167-M deficiencies were cited at W153 and W154.</p> <p>At the time of the on-site Infection Control survey, no deficiencies were cited.</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 interview and record review, the facility failed to ensure staff immediately reported allegations of abuse in accordance with facility policy. Furthermore, the facility failed to report allegations of abuse and/or mistreatment to the State Agency in a timely manner. This affected 1 of 1 client (Client #1) identified as a result of investigations #92938-M, #95158-I and #95167-M. Findings follow:</p> <p>1. Record review on 12/30/20 revealed an internal investigation document regarding an allegation of abuse toward Client #2. The document noted during an interview on 8/5/20 at 9:20 a.m., Direct Support Staff (DSS) A stated DSS B hit Client #1. DSS A told the Program Director, (PD) the Qualified Intellectual Disability Professional (QIDP) and the Human Resources Director</p>	W 153		

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>(HRD) she saw the behavior but could not recall an exact date. She estimated it happened around July 7, 2020. DSS A failed to report the potential abuse until the interview on 8/5/20.</p> <p>When interviewed on 1/4/21 at 2:40 p.m., DSS A confirmed she saw DSS B slap Client #1 on his hand. She indicated DSS C told her DSS B threw a scissors at Client #1. She confirmed she failed to report the incidents.</p> <p>When interviewed on 1/5/21 at 8:35 a.m., DSS C denied telling DSS A that DSS B threw a scissors at Client #1. She then stated she knew Client #1 did not like to work with DSS B and noted she once saw DSS B slap Client #1's hand when he upset Client #2. She estimated the incident occurred during the summer of 2020. She acknowledged she failed to report the incident to any supervisor.</p> <p>When interviewed on 1/11/21 at 4:45 p.m. DSS B stated she saw DSS D grab Client #1 by his arms. She did not remember when the behavior occurred but noted it only happened one time. When asked if she reported the incident, DSS B said she thought she told the UM. When interviewed on 1/27/21 at 3:05 p.m., the UM did not recall DSS B reporting any potentially abusive behavior toward Client #1. She recalled interviewing her on 8/4/20 and confirmed her documentation lacked any allegation made about DSS D. The UM said if DSS B brought up an allegation, she would have documented it and immediately reported it to her supervisor.</p> <p>When interviewed on 1/12/21 at 3:30 p.m., DSS E reported she saw DSS B hit Client #1's hand when he grabbed her clothing. She did not recall</p>	W 153	<p>See Attached</p> <p>POC</p> <p>3/12/21</p>		

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W 153	<p>Continued From page 2</p> <p>the date but estimated it occurred in July or August of 2020. She said she did not report the incident because she intervened and took over supervision of Client #1.</p> <p>Record review on 1/4/21 revealed the facility Abuse Reporting policy. The policy noted staff should IMMEDIATELY report abuse to a QIDP, Group Home Administrator, Manager, Nurse, Program Director, Human Resource Director, Associate Director or Director of Nursing.</p> <p>When interviewed on 1/6/21 at 11:10 a.m., the Program Director confirmed DSS A failed to follow the facility policy to immediately report abuse. When interviewed on 1/27/21 at 2:00 p.m., she confirmed DSS B and DSS E failed to report any concerns about potentially abusive staff behavior. She confirmed they failed to follow the policy to immediately report such behavior.</p> <p>2. Record review on 1/4/21 revealed a typed statement signed by the Lead Worker on 8/4/20. The document indicated the Lead Worker witnessed Client #2 being "hostile" towards DSS D. He intervened and attempted to calm Client #2. Client #2 indicated to the Lead Worker that DSS D grabbed his arm. The Lead Worker called the Unit Manager (UM) who began an investigation into the allegation made by Client #2. The Lead Worker documented when he completed his interview with Client #2, he asked Client #1 if DSS B grabbed him. According to his documentation, Client #1 said yes and pointed at his arm.</p> <p>When interviewed on 1/5/21 at 11:35 a.m., the</p>	W 153			

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W 153	<p>Continued From page 3</p> <p>Lead Worker confirmed, on 8/4/20, he called the UM due to Client #2's allegation and due to finding bruises on Client #2's arms. He recalled Client #2 indicated DSS D grabbed his arm. He said due to the allegation made by Client #2, he was concerned about the other clients. He asked Client #1 if DSS D grabbed his arm and he nodded and rubbed his arm. The Lead Worker questioned Client #1's response and noted he responds positively to most questions. The Lead Worker said he took a picture of Client #1's arm, but it looked normal. He recalled the UM also looked at Client #1's arm and thought it looked okay. The Lead Worker did not recall any further report or investigation regarding Client #1's allegation.</p> <p>Record review on 1/4/21 revealed no documentation of a report to DIA of an investigation of the allegation Client #1 made to the Lead Worker on 8/4/20.</p> <p>When interviewed on 1/7/21/at 11:35 a.m., the UM stated she did not recall the Lead Worker telling her about Client #1's allegation regarding DSS D on 8/4/21. She was unsure whether the Lead Worker gave her his documentation or if he gave it to the QIDP. The UM questioned Client #1's reliability in identifying a staff that may have hurt him. She did not recall telling anyone about the allegation.</p> <p>Record review on 1/4/21 revealed the facility Abuse Reporting policy. The policy directed staff to report all allegations of abuse to the Department of Inspections and Appeals (DIA).</p> <p>When interviewed on 1/6/21 at 12:00 p.m., the PD confirmed Client #1 made an allegation of</p>	W 153			

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W 153	Continued From page 4 abuse on 8/4/20. She acknowledged she failed to report the allegation to DIA.	W 153			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to complete thorough investigations following an allegation of abuse. This affected 2 of 2 clients involved in the investigation of #95158-I, 92958-M, and 95167-M (Client #1 & Client #2). In addition, the facility failed to make recommendations upon completion of their investigation. Findings follow: 1. Record review on 1/5/21 revealed a facility internal investigation of an allegation of potential abuse by Direct Support Staff (DSS) D toward Client #2. The summary of the investigation noted the allegation made by Client #2 to the Lead Worker and acknowledged marks found on Client #2's arm. The writer indicated the only witness was Client #2 and noted Direct Support Staff (DSS) D denied any physical aggression toward Client #2. The facility suspended DSS D "pending the outcome of the DIA (Department of Inspections and Appeals) review". According to the documentation, DSS D submitted his resignation on 8/6/20. The summary lacked any recommendations for actions to safeguard clients in the future.	W 154			

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W 154	<p>Continued From page 5</p> <p>When interviewed on 12/30/20 at 9:25 a.m., the Program Director (PD) could not produce any further documentation of the facility's findings and recommendations. She noted the reporter received disciplinary action and all staff involved received training regarding abuse reporting.</p> <p>When re-interviewed on 1/4/21 at 2:00 p.m., the PD said she could not find documentation of staff re-training.</p> <p>2. Record review on 1/7/21 of internal investigation documents revealed the Lead Worker's typed statement dated 8/4/20. The statement documented events leading to a call he made to the UM regarding an allegation by Client #2 that DSS D grabbed him. The Lead Worker noted he spoke to Client #1 in the basement on 8/4/20 and when asked if DSS D grabbed him, "he said yes". According to his documentation when the Lead Worker asked where DSS D grabbed him, Client #1 pointed to his arm.</p> <p>When interviewed on 1/6/21 at approximately 12:15 p.m., the PD confirmed she failed to investigate the allegation of abuse made by Client #1.</p>	W 154			

Theimer Group home investigation #92938-M, #95167-M and #95158; on site infection control survey

W-153

The facility must insure 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.

The facility will retrain staff on abuse policy and reporting as well as train on reporting incidents that seem inappropriate or inconsistent with how they were trained on interacting with individuals.

This will be maintained through the review of the abuse reporting procedure quarterly, abuse training annually, and completion of the state required adult and child abuse training. This will be monitored through training records and quality assurance reviews.

Date of correction: 3-1-21

W 154

The facility must have evidence that all alleged violations are thoroughly investigated.

The facility will retrain those involved in investigations on thoroughly investigating alleged violations and include recommendations for actions to safeguard individuals in the future.

This will maintained and monitored through review of investigations by an administrative designee not involved in the investigation.

Date of correction: 3-12-2021