STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L027	A. BUILDING _____ B. WING _____	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYS & GIRLS HOME & FAMILY SERV INC-CORBETT	**2101 COURT STREET, 6TH FLOOR B SIOUX CITY, IA 51102**

(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
E 000	Initial Comments No deficiencies were cited during the survey conducted to determine compliance with federal PRTF certification rules for the Emergency Preparedness regulations (appendix Z).	E 000		
N 000	Initial Comments The following deficiency was cited during the survey conducted to determine the compliance with Federal PRTF certification rules for Psychiatric Residential Treatment Facilities (appendix N).	N 000	The Plan of Correction is attached.	
N 221	EDUCATION AND TRAINING CFR(s): 483.376(e) Staff must be trained and demonstrate competency before participating in an emergency safety intervention. This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that staff were initially trained in the safe use of restraint for 1 of 8 staff (Staff A) and initially trained in the use of cardiopulmonary resuscitation (CPR) for 1 of 8 staff (Staff B) reviewed prior to participating in emergency safety interventions. Findings include: 1. Review of Emergency Safety Intervention (ESI) forms and staff training records on 4/16/2024 revealed: a. Staff A participated in the physical restraint and seclusion of Child 1 on 4/16/2023. Review of Staff A's training records revealed no documentation of Therapeutic Aggression Control Techniques (TACT 2) training before participating	N 221		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L027	A. BUILDING _____ B. WING _____	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYS & GIRLS HOME & FAMILY SERV INC-CORBETT	**2101 COURT STREET, 6TH FLOOR B SIOUX CITY, IA 51102**

(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
N 221	Continued From page 1 in the restraint and seclusion of Child 1 on 4/16/2023. b. Staff B participated in the physical restraint of Child 1 on 9/18/2023. Review of Staff B's training records revealed no documentation of CPR training before participation in the restraint of Child 2 on 9/18/2023. 2. On 4/16/2024 at 2:45 pm the CQI Director confirmed these findings.	N 221		

Plan of Correction: Boys and Girls Home and Family Services, Inc. - Corbett

1. A step-by-step description of the method(s) used to correct the system level problem which caused the deficiencies. The plan of correction must provide information which assures that the intent of the regulation, as evidenced by the examples, is corrected.

- System level problem -
  - Unclear mandated timelines to complete trainings due
  - Progressive disciplinary action utilization for overdue trainings
  - Unclear expectations outlined for new hire staff members regarding training requirements for participation in Emergency Safety Interventions

Corrective Action/Follow Up:

- Revise new hire orientation checklist outlining requirements for participation in Emergency Safety Interventions. This will be reviewed ongoing with Unit Managers for all new hires staff training.

- Develop Emergency Safety Intervention training matrix. The matrix will include:
  - TACT II initial training
  - TACT II skill demonstration 6-month renewal
  - TACT II yearly renewal
  - CPR initial training
  - CPR annual training

- Human Resources will send ESI matrix monthly to Unit Managers and the Program Director/Nursing Supervisor.

- Overdue training of identified staff member will result in immediate revocation of Emergency Safety Intervention utilization. Notification of revocation of Emergency Safety Intervention utilization will be sent by Human Resources. A copy will be maintained in Human Resources employee files. Upon training completion, reinstatement of Emergency Safety Intervention utilization by identified staff member will occur. Additional progressive discipline action up to and including termination for training noncompliance may occur.

- Notification of staff that utilization of Emergency Safety Intervention procedures requires all mandated Emergency Safety Intervention training must be maintained and up to date. Failure to comply will result in revocation of the use of Emergency Safety Interventions.

- Additional training opportunities will be used to implement training including staff team meetings and observations of Emergency Safety Interventions for the 6 month skill demonstration.

This corrective action was reviewed by the Human Resources Director, Program Director/ Nursing Supervisor, CQI Director and Chief Operating Officer on 5/20/2024.

2. State the method(s) to be used to maintain and monitor compliance: Indicate the positions(s) responsible for monitoring to prevent the deficiency reoccurrence.

Method(s) Used to Monitor:

- The Human Resources Director and Program Director/Nursing Supervisor will conduct a monthly review together of the training matrix and completion of the orientation checklist for new hires to monitor training compliance. The documentation review will be signed by the Program Director/Nursing Supervisor and the Human Resources Director

Anticipated Frequency of Monitoring:

- Monthly

Person(s) responsible for monitoring to prevent the deficiency reoccurrence:

- Program Director/Nursing Supervisor
- Human Resources Director

3. Date of Correction: Month, Date, Year

- 5/31/2024

ok 5/29/24