Credible Allegation 4/20/21 CMD

Tate of Correction PRINTED: 04/01/2021

4/30/21 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ALTH	7	STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722	03/17/2021	
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	the Centers for Medi Kansas City Regiona performed an on-site 96192-C from 3/03/2 team investigated the Nursing Services (42 Rights (42 CFR 482. The survey team idea (IJ) situation. The IJ situation. The IJ sthat placed the health failed to receive regularm or death. The IJ situation involvensure the nursing stapolicies and perform every 15 minutes, as safety checks provide to engage in inappropotential sexual contact attempting suicide, we Director of Quality & I hospital was aware or rounds and was work regularity but that the continued. In response to the IJ standing and involvential sexual contact and was work regularity but that the continued. In response to the IJ standing and involvential sexual contact and was work regularity but that the continued.	gency (SA), at the direction of care and Medicaid (CMS) all Office (KCRO) staff, investigation of complaint 1 through 3/17/21. The survey a Conditions of Participation for: CFR 482.23) and Patient 13). Intified an Immediate Jeopardy situation was a crisis situation and safety of all patients who lar safety checks at risk for wed the hospital staff's failure to aff followed their safety check safety rounds on patients required. The lack of regular as the patients an opportunity oriate behavior, such as act with another patient or ithout staff detection. The Risk Management reported the fine lack of regular safety ing to correct the lack of lack of regular safety rounds situation, the hospital's accessfully removed the ation by submitting an ring staff training prior to the nexit date of 3/17/21. The ation for Patient Rights (42 sing Services (42 CFR)	A 000	Eagle View Behavioral Health takes findings seriously and we understan urgency of a comprehensive plan to address these deficiencies. At Eagle View, we have implemented an effect plan of action to address the identified deficiencies and monitor for complian with actions taken. Pursuant to your request, the response is structured a follows: The specific nature of the corrective actions for each deficiency Reasonable completion dates for a deficiencies prior to the termination of listed in the enforcement letter How our corrective action plan previous for the deficiency cited The title of the person responsible fimplementing and monitoring the plan correction for future compliance with regulations	d the etive ed noce as	
BORATORY DI	RECTOR'S OR PROVIDER/SU	IPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(Ve) DATE	

(X6) DATE

Jean A. Whitney

Director of Quality/Compliance/Risk

4/15/2021

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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A 115	CFR(s): 482.13 A hospital must prorights. This CONDITION is I. Based on docume the Behavioral Heat administrative staff. 1. Ensure the nursing safety check policies behavioral health policies behavioral health policies behavioral health policies after the nursing staff practices resulted the nursing staff procare in a safe envisafety checks (appolicy) created a spatients attempting contact with anoth knowledge. The beadministrative staff on entrance. II. During the investores the policy of the survey teal and part of the policy of the survey teal and part of the policy.	ng staff followed the hospital's es to ensure the safety of all satients. Please refer to A-0144. Ing staff closed and secured pors when unoccupied, as ate guidelines, to ensure the all health patients. Please Refer to ect of these failures and deficient in the hospital's inability to ensure to tected each patient's rights to ronment. The lack of regular proximately every 15 minutes per ituation which could result in g to engage in suicide or sexual er patient, without the staff's ehavioral health hospital's fidentified a patient census of 25 estigation of incident 96192-C, the midentified an Immediate ation (a crisis situation that placed ety of patients at risk) related to		115	In addition to the Plan of Correctio TAGS A144 & A395 provided on 3/15/2021 prior to survey exit, and reviewing the deficiencies cited in report, the following action items wimplemented: - We met with our IT department a discovered that there were technic glitches in use of the I-Pads when documenting 15 minute checks. IT immediately started working on cothe issues, but in order to prevent opportunities for appearance of m 15-minute checks due to IT issues determined that the hospital would using paper documentation (which the current Downtime Form) of the minute checks and patient observ - Reporting of Compliance of Mon by Leadership has been added as agenda item in the Morning Leade Meetings, QAPI/MEC committees Governing Board Meetings. - Auditing of the paper Q15s is be conducted on 100% of the patient When noncompliance is found, a verification via cameras may be conducted. Audits will be comple 95% compliance is achieved for 3 consecutive months. A schedule of video monitoring an auditing of Q15 safety checks and milieu has been established and implemented. TAG A115 CONTINUED BELOW.	after this vere and cal arrecting further issed s, it was d start n was e 15- ations. itoring s an ership and sing is, daily. 2 nd ted until	3/22/2021 3/26/2021 4/1/2021

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	Patient's Rights (42 failed to ensure the safety check policie patients every 15 m. 1. The administrative and implement a continuous staff per 2. While on-site, the Immediate Jeopard administrative staff administrative staff the immediacy of the immediacy of the removed the immediate administrative staff the immediacy of the removed the immediate administrative staff re-educated all nurse Health Technicians shift. The education following: a. Reeducation for the Observation policy b. Reeducation on the orientation focusing do not complete the minutes. c. Traning Attestation staff. d. Random shift vidit tool to be completed.	age 2 2 CFR 482.13). The hospital staff enursing staff followed their es and perform safety rounds on ninutes, as required. We staff failed to initially develop prective action plan to ensure enformed regular safety checks. Esurvey team identified an ly (IJ) situation and notified the on 3/15/21 at 3:44 PM. The promptly took action to remove the situation. The hospital staff diacy prior to the survey team in the investigation when the hospital developed education and sing staff, including Mental prior to their next scheduled in provided to include the staff on the Levels of the Safety Slides from new hire on eminency of risk if the staff is safety checks every 15 In signed by each applicable the observations with validation is by assigned staff daily. Safety check compliance to be	A 115	- Documentation of Follow Up/Corre Actions, if any, using Eagle View's disciplinary policy are conducted. Disciplinary actions up to and include termination occurs, if warranted. - When the facility returns to electrodocumentation of Q15 Safety Check comparison of the electronic documentation with HCS Analytics Reports will also occur. - The new revision of Policy 1000.17 Levels of Observation (revised 1/18) was reviewed and approved through Quality Assurance/Performance Improvement (QAPI) and Medical Executive (MEC) committees by the Level of Observation policy 1000.1 (revised 4/14/21)) to include an upda Patient Observation Form (1000.17a Environmental Unit Rounds policy 10 (revised 4/14/21), 15-minute Check Observation Level Flowsheet Educa and Q15 Commitment Attestation habeen created in our organizational compliance program, Healthstream, first module of an ongoing training procalled "Change Week". This first morelated to Q15s must be completed the 4/30/21 by all direct care staff. This ongoing training protocol will ensure date/current information and education provided during the previously mention-service trainings and throughout the plan of correction has also been additional new hire orientation, with the current whire orientation class.	ding nic ric ric, a 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3/26/2021 /14/2021	

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EAGLE VIEW BEHAVIORAL HEALTH SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722 ID PROVIDER'S PLAN OF CORRECTION			
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f. Continued monito checks as Process monthly QAPI command g. Reeducation of a next scheduled shift. The following Cond for the Condition of (42 CFR 482.13) (A PATIENT RIGHTS: CFR(s): 482.13(c)(2) The patient has the setting. This STANDARD is I. Based on observing staff interviews the (BHH) staff failed to Checks for 3 of 3 o (Patient # 1, Patient closed patient reco #3, Patient #4, Patient closed patient #10). For checks provided the engage in inappropriate in inappropriate in inappropriate in the patient with suicide, self-harm, The BHH administr 25 patients upon elements.	ring of every 15-minute safety Improvement Indicator at mittee meetings. Il staff to be completed prior to the effective immediately. Ition level deficiency remained Participation for Patient Rights (2015). CARE IN SAFE SETTING (2) In right to receive care in a safe safe anot met as evidenced by: Vation, document review, and Behavioral Health Hospital perform the 15 Minute Safety pen patient records reviewed (1 #5, and Patient #7) and 7 of 7 rds reviewed (Patient #2, Patient #6, Patient #8, Patient #9, railure to perform regular safety e patients an opportunity to priate behavior, such as potential another patient, attempting or assault without staff detection.		will be reviewed and approved at by our QAPI and MEC committed meetings. The CEO, QCR, EA, IC/Nurse Ed and HRD are responsible for implementing and monitoring the of correction for future compliance the regulations. TAG A115 ENDS HERE	ducator e plan ce with 3/15/202 cluding ded the ervation 12/20 entation 215s are doff ding to a king each	

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A 144	revealed in part "Pa care in a safe environment of the pol Procedure," effective all patients are superminutes through r "purpose To ident behaviors and imprequired perform and in a varying patt out opportunities behavior" "be aware diverted: changes in de-escalation, visiting "Charge Nurse Er Rounds are occurring seven days a week patient care areas entering rooms not a cor areas 'off limits without direct staff sitheir treatment by be be not sleeping or participation in treatment area (mea Hand Off from shift to	tient have the right to Receive onment." icy "Locator Rounds a 7/12/20, revealed in part, " rivised, at a minimum, every 15 ounds/milieu Locator process." ify high risk or high alert plement other precautions as rounds at staggered intervals tern to minimize planned acting document patient location and of times your focus can be shift, codes, crisis g hours, unit staffing" Insures Patient Locator g as ordered, 24 hours per day, while monitoring hallways nesure patients are: not assigned to them, not in rooms ' not left in treatment areas upervision participating in sing where they are directed to otherwise avoiding ment activities" Patient - Locator rounds to the before leaving the patient ls, breaks, emergencies) or shift Off-going and ralk/monitor the unit jointly to	A	144	- Scheduled shift video observations with validation tool is completed by Leadership team - Nursing/Unit supervisors sign-off of Q15 safety checks is evident on Par Observation forms at minimum of two per shift - Q15s compliance is reported in damorning meeting to Leadership team - Continued monitoring of Q15s as a Indicator at monthly QAPI committed meetings. - Reeducation of all staff was compliprior to their next scheduled shift. - The new Q15 Attestation and revision 1000.17 Levels of Observation policity (revised 4/14/21), reinforces Eagle View's commitment to keeping our patients safe above all else. - New red-light flashlights and clipboards with digital clocks built in were purchased (4/2/21) and rolled to staff to facilitate qualitative as well quantitative Q15s.	of tient vice ily n a PI e eted eted	4/7/2021
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A 144	3. Review of the poeffective 7/12/20, reobserved with visual minute observation no longer than 15 n document the patie special precautions observation while cordistress If and [MHT] has to leave nursing staff and arreplace them on thountil the staff members of the poeffect of the p	licy "Level of Observation," evealed in part, "The patient is all checks every 15 minutes" "15-s will occur at random intervals ninutes Assigned staff will ent's behavior, location, activity, s (if indicated) and level of conforming they are in no danger l/or when a mental health tech the floor, the MHT will notify nother MHT or the nurse will e floor for patient observation		144	- Guidance points for Q15s wattached to Safety Check clipboards. Those guidance include but are not limited to 1. Emphasizing the important shift hand-off be propeer. 2. Lack of staffing, unit discended valid reason non-compliance of Safe Checks. 3. Prefilling in the times of observations is not allow (on paper forms) 4. Observe sleeping patient flashlight and be sure to chest rise and fall at least times. 5. Q15 safety checks are tool we use to keep pasafe. It is the most important thing we do. 6. Falsification or failing to complete rounds approximation.	e points o: tance eer to sruption, not ns for ety f the owed ents with to see ast 3 the #1 tient's ortant o oppriately		
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A 144	BHH on 3/16/21 at 9 chart from admission revealed that Patien ordered the "Level o Minutes and Precaumeasure taken in addangerous, unplease happening). During I staff had 344 opport checks (where the si location to ensure th opportunities to perform 51 occasions, the safety checks longer safety check (giving engage in inappropriattempt to kill themsoccasions, the hospichecks longer than 3 check. Review of the staff performed the sminutes to 107 minutafter the prior safety For every safety chestaff had to document to complete the check reasons the staff document occasions the staff document occasions. The complete the check staff had to document to complete the check reasons the staff document occasions the staff document occasions. The complete the check staff had to document to complete the check reasons the staff document occasions. The complete the check reasons the staff document occasions the staff document occasions the staff document occasions the staff document occasions.	e:21 PM. Review of Patient #1's in through 3/10/21 at 11:57 AM it #1's mental health provider of Observation: Every 15 tions: No Precautions" (a livance to prevent something ant, or inconvenient from Patient #1's admission, the BHH unities to perform 15-minute taff observe the patient's e patient is safe). Of the 344 orm 15-minute safety checks, e hospital staff performed the rethan 15 minutes after the prior patients an opportunity to late sexual behavior, fight, or elves or another patient). On 14 tal staff performed the safety checks revealed the safety checks between 16 tes (over an hour and a half) check. ck over 15 minutes, the hospital of a reason why the staff failed of the within 15 minutes. The	A 144	Level of Observation policy 1000 revised 4/14/21, sections N-Q we updated and revised to include the expectation that patient doors are be closed and locked when the p is not in his/her room. Additional patients should be encouraged to attend groups or participate in oth relevant activities during the day their treatment plan. If a patient refuses to attend group or other activity and requests to stay in the room, the staff member will provid the comfort and safety of the patimonitor the patient per the provid order for level of observation, document the reason for refusal a notify the provider/ members of the treatment team. The CEO, IC/Nurse Educator and F House Supervisors are responsible implementing and monitoring the p correction for future compliance wit regulations. TAG A144 ENDS HERE	ere ne e to patient lly, o her per eir de for ent, ler's and ne RN e for olan of

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A 144	at 3:02 AM and disc 11:41 AM. Patient # ordered the "Level of Minutes" and "Preco During Patient #5's hospital staff had 2, minute safety check perform 15-minute staff per longer than 15 minuton 69 occasions, the safety checks longer safety checks longer safety check. Reviet the staff performed minutes to 108 minutes to	f admitted Patient #5 on 2/21/21 at charged Patient #5 on 3/8/21 at charged Patient #5 on 2/21/21 at cha	A	144		

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A 144	15 Minutes" and "Pi During Patient #7's hospital staff had 85 minute safety check perform 15-minute sthe hospital staff pelonger than 15 minu On 22 occasions, the safety checks longer safety checks doner longer than 10 minutes to 108 minutes to complete the chereasons the staff dor "Unit disruption" longer long	recautions: Suicide precautions." admission to the BHH, the 56 opportunities to perform 15-ts. Of the 856 opportunities to safety checks, on 76 occasions rformed the safety checks after the prior safety check. The hospital staff performed the safety checks revealed the safety checks revealed the safety checks between 16 attes (over an hour and a half) or check. The cover 15 minutes, the hospital and a reason why the staff failed ck within 15 minutes. The coumented included: The cover medical records to before survey entrance)	A 14	14		

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A 144	15 Minutes" and "Pr Self-Harm, and Suic #2's admission to the 1,98 opportunities checks. Of the 1,98 minute safety checks aff performed the minutes after the proccasions, the hosp checks longer than check. Review of the staff performed the minutes to 137 minute	e "Level of Observation: Every recautions: Homicidal, cide precautions." During Patient he BHH, the hospital staff had to perform 15-minute safety 6 opportunities to perform 15-ks, on 144 occasions the hospital safety checks longer than 15 ior safety check. On 34 oital staff performed the safety 30 minutes after the prior safety he safety checks revealed the safety checks between 16 utes (over 2 hours) after the prior eck over 15 minutes, the hospital ent a reason why the staff failed eck within 15 minutes. The ocumented included: Indicate the description of the commented included: Indicate the comment of the co	A 1	44		

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A 144	15 Minutes" and "Prand Suicide precautadmission to the Blopportunities to performed the 887 opportunchecks, on 86 occas performed the safety after the prior safety hospital staff performed the safety checks the safety checks the safety checks be minutes (almost an safety check. For every safety checks the staff had to docume to complete the chereasons the staff document of the safety check. For every safety checks the staff had to docume to complete the chereasons the staff document of the safety check. "Unit disruption" "RN distracted" "MHT on break" "MHT off unit" "shift change" "computers were document of the safety checks" "the safety checks" "The hospital staff of the safety checks were made the safety checks were made to the safety checks th	recautions: Assault precautions rions." During Patient #3's IH, the hospital staff had 887 form 15 minute safety checks. It it is to perform 15 minute safety sions the hospital staff or check. On 36 occasions, the med the safety checks longer for the prior safety check. Review revealed the staff performed between 16 minutes to 84 hour and a half) after the prior fack over 15 minutes, the hospital and a reason why the staff failed ck within 15 minutes. The cumented included:	A	144			

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A 144	on admission (red within 6 feet of Pamental health pro Observation: Eve PM and "Precauti admission to the opportunities to p Of the 1,017 opposafety checks, on performed the sa after the prior saft hospital staff performed the safety checks minutes of the safety checks minutes (over 2.5 check. For every safety staff had to docur to complete the creasons the staff "unit disruption" "off unit" "doing environme "looking for belor "just got on floor" "staff" "no staff" "tablet froze" d. The hospital s 11/18/20 at 5:57 12/1/20 at 12:45	quiring a staff member to stay attent #3 at all times). Patient #4's vider later ordered the "Level of ry 15 minutes," on 1/23/21 at 6:09 ons: Assault." During Patient #4's BHH, the hospital staff had 1,017 erform 15 minute safety checks. Or 26 occasions the hospital staff fety checks longer than 15 minutes ety check. On 26 occasions, the ormed the safety checks longer after the prior safety check. Review cks revealed the staff performed is between 17 minutes to 162 is hours) after the prior safety.		14		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A 144	Every 15 Minutes' precautions." Duri BHH, the hospital perform 15 minute opportunities to perform 15 minute opportunities of the checks long after the prior safe checks revealed the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities opportunities of the checks between 1 hour and 15 minute opportunities of the checks between 1 hour and 15 minute opportunities opportunitie	and "Precautions: Suicide ing Patient #6's admission to the staff had 1,221 opportunities to safety checks. Of the 1,221 reform 15 minute safety checks, he hospital staff performed the ger than 15 minutes after the prior cocasions, the hospital staff ety checks longer than 30 minutes ty check. Review of the safety ne staff performed the safety minutes to 78 minutes (over an es) after the prior safety check. The check over 15 minutes, the hospital hent a reason why the staff failed heck within 15 minutes. The hocumented included: Tobtaining supplies"	A	144			

AND DUAN OF CORRECTION IN IMPER		North Account Control	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		164006	B. WING _		0	3/17/2021
	ROVIDER OR SUPPLIER	EALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722	=	
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A 144	#8's admission to the 713 opportunities to checks. Of the 713 minute safety check staff performed the minutes after the processions, the hospichecks longer than check. Review of the staff performed the minutes to 68 minutes afety check. For every safety chestaff had to docume to complete the cheeks.	ne BHH, the hospital staff had a perform 15 minute safety opportunities to perform 15 ks, on 43 occasions the hospital safety checks longer than 15 ior safety check. On 15 oital staff performed the safety 30 minutes after the prior safety e safety checks revealed the safety checks between 17 ites (over an hour) after the prior eck over 15 minutes, the hospital ent a reason why the staff failed eck within 15 minutes. The ocumented included:	A 14	14		
	at 6:16 AM and disc at 3:25 PM. Patient ordered the "Level of Minutes" and "Prece During Patient #9's hospital staff had 97 minute safety check perform 15 minute of the hospital staff pe	admitted Patient #9 on 11/15/20 charged Patient #9 on 11/25/20 #9's mental health provider of Observation: Every 15 autions: Suicide precautions." admission to the BHH, the 70 opportunities to perform 15 ks. Of the 970 opportunities to safety checks, on 43 occasions rformed the safety checks utes after the prior safety check. he hospital				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRU	ICTION	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH				770 TANGL	DRESS, CITY, STATE, ZIP CODE LEFOOT LANE DORF, IA 52722		03/	17/2021
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	staff performed the minutes after the p safety checks reve safety checks betw (an hour and a half For every safety checks betw (an hour and a half For every safety checks taff had to docume to complete the chereasons the staff de "unit disruption" "not with tech" "checking another's "helping sanitize [restaff" "training MHT charm"Not with patient" "discharging a patie "was in the bathrood "nurse got busy" "no tablet" "training" "couldn't log into tain go. The hospital staff 10/21/20 at 4:55 Phyprovider ordered the 15 Minutes" and "Phyprovider ordered the 15 Minutes safety check perform 15 minutes safety check perform 15 minutes safety check safety	e safety checks longer than 30 rior safety check. Review of the aled the staff performed the reen 17 minutes to 91 minutes of after the prior safety check. The prior safety check over 15 minutes, the hospital ent a reason why the staff failed ent a reason why the staff failed ent within 15 minutes. The occumented included: So vitals born of the prior safety check over 15 minutes. The occumented included:	A	44				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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A 144	occasions, the hos checks longer than check. Review of the staff performed the minutes to 369 min safety check. For every safety check. For every safety check to complete the chereasons the staff development of the complete the chereasons the staff development to make coff "unit disruption" "went to make coff "shift change" "tablet was not word "short staffed" "nurse was supposed belongings" "not enough staff" "discharging a pati "off unit" "unknown, left on the spital staff page 18. Observations or hospital staff page	rior safety check. On 26 pital staff performed the safety 30 minutes after the prior safety ne safety checks revealed the safety checks between 16 nutes (over 6 hours) after the prior neck over 15 minutes, the hospital ent a reason why the staff failed eck within 15 minutes. The ocumented included: ee for multiple MHT's" rking properly" se to chart while I found	A 14				
	wing. All of the sta left the adult 400 w emergency on the patients on the adult hospital staff assign	ff assigned to the adult 400 wing ving and responded to the adult 300 wing (leaving the ult 400 wing unsupervised). The lead to the adult 400 wing did not 400 wing until 4:45 PM (20					

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A 144	Continued From pag	ne 16	A 144			
	400 unit, revealed M outside to the courty smoke. The hospital while MHT D took th 2:12 PM, while MHT Patient #1 left their re 400 unit. At 3:10 PM nurses' station. Patier requested medication observations revealed perform observations minutes on Patient #1 the hospital staff document where the perform a safety check on Patient #1 thospital staff document and during the compensation of the phone. The horeason they failed to "unit disruption." 10. Review of a mem 2/17/21, from the Direct part of the phone o	B/9/21 at 1:45 PM, on the adult HT D escorted several patients ard, so the patients could staff left 2 patients unattended e patients to the courtyard. At D took the patients outside, com and wandered the adult, Patient #1 approached the ent #1 was crying and in from the nursing staff. The end that the hospital staff failed to approximately every 15 from 1:45 PM to 3:10 PM. Is medical record revealed that umented performing a safety on 3/9/21 at 1:42 PM, indicating in Patient #1's bedroom. The ented they next performed a cent #1 at 2:16 PM (34 minutes observations the staff failed to ck on Patient #1). The hospital tient #1 was in the Day Room obspital staff documented the perform the safety checks was also, "To: All Staff," dated ector of Nursing (DON) following the standard or rule es your fellow coworkers vironment that creates a safe, ole who are in therapy, all in their process toward in the patients and the patients and the patients are process toward in the patients and the patients are process toward in the patients and the patients and the patients and the patients are process to the patients and the patients are patients and the patients and the patients are patients and t				

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A 144	to chance will fail option, they are madone from the nurs physically out and a do these checks 11. During an intendirector of Quality acknowledged the knew the hospital's safety checks apprequired by the hosadministrative staff the February qualit hospital's administrative staff the February qualit hospital's administrative staff they did not implen plan, as the hospital's taff had to hire a received acknowledge staff knew the nurs safety checks approved the complex control of the control of the control of the complex control of the contro	. 15 minute checks are not an indatory They are not to be e's station. You must be about with the patient in order to view on 3/9/2021 at 3:12 PM, the and Risk Management hospital's administrative staff taff did not complete the required oximately every 15 minutes, as spital's policy. The hospital's had identified the issue during y committee meeting. The rative staff had developed an alan to correct the situation, but ment the auditing and corrective al's DON left and the hospital new DON. View on 3/11/21 and 8:10 AM, the d the hospital's administrative sing staff failed to perform patient roximately every 15 minutes. The ad a plan to address the problem h the hospital's DON in early pital staff did not implement the plan and the nursing staff perform safety checks		144				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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A 144	Continued From pag	ge 18	A 14	14			
	staff interviews, the administrative staff closed and secured the patient was not units (300 hall, 400 close the patient's b unoccupied patient in the patients havin rooms, potentially a the hospital staff, ar sexual behavior or a hospital's administra 25 inpatient behavior entrance. Findings include: 1. Review of a meminterim DON reveale and should be locked hours and certainly Corporate Policy, these times; it must [a Registered Nurse 2. Review of the do ORIENTATION Were Doservation Compes 5/29/20, revealed in	ation, document review, and behavioral health hospital failed to ensure the nursing staff patient bedroom doors when in the room for 3 of 3 inpatient hall, and 500 hall). The failure to edroom door and secure an bedroom could potentially result in gunauthorized access to the ellowing the patients to hide from the end of the hall hall had been attempt to kill themselves. The entire staff identified a census of the entire to health patients upon the patient rooms can be during active programming during group times. This is per lif a patient goes to room during the beauthorized and approved by the RN]." The cument "ALL STAFF the the trent of the country of the					

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A 144	and secured when u 3. Review of a mem revealed in part, "Do it is bedtime and part 4. Review of an ema Quality, Compliance House Supervisors, revealed in part, " and locking the door is] a safety issue, so needs to go to the blocked (technically, 5. Observations on hospital staff failed the patients' rooms 6. Observations on staff on the 300 hall patient experiencing the staff from the 40 to the 300 hall, leaving the staff on the 300 hall, leaving the staff on the 300 hall, leaving the staff on the 300 hall, leaving the secure and lock the 300 hall, leaving the staff the unit, leaving However, the hospit off the unit, leaving the doors to rooms allowing the remaining the staff on the spit the doors to rooms allowing the remaining the staff the unit, leaving the doors to rooms allowing the remaining the staff the unit, leaving the remaining the staff the unit, leaving the remaining the staff the unit, leaving the remaining the remaining the staff the unit, leaving the remaining the staff the unit, leaving the remaining the remaining the staff the unit, leaving the remaining the staff the unit, leaving the remaining the remaining the staff the unit, leaving the remaining the remaining the staff the unit, leaving the remaining the staff the unit, leaving the unit, l	o from the DON, dated 2/17/21, pors are shut and locked unless	A 1	44			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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A 144	hall, revealed the holock 1 of 9 patient bethe 400 hall reveale secure and lock 5 or bedrooms. 9. During an intervied Director of Quality, 10 Management, and to the nursing staff to spatients' bedrooms unoccupied. The Director of Other Director	ge 20 3/11/21 at 11:40 AM, on the 300 ospital staff failed to secure and edroom doors. Observations on d the hospital staff failed to f 5 doors to the patients' ew on 3/17/21 at 12:05 PM, the Compliance, and Risk he CEO, verified they expected secure and lock the doors to the when the bedroom was rector of Quality, Compliance, ent indicated they watched the events described and verified led to secure and lock the doors as when the patients' bedroom	A 144			
A 385	CFR(s): 482.23 The hospital must h service that provide nursing services must a registered nurse. This CONDITION is I. Based on documenthe Behavioral Heal administrative staff. 1. Ensure the nursing safety check policie	ave an organized nursing s 24-hour nursing services. The list be furnished or supervised by not met as evidenced by: ent review and staff interview, th Hospital's (BHH)	A 385	Re-education on treatment planning and medical treatment planning is occurring with staff with treatment planning responsibilities. Clinical Services staff will be required to complete this training by 4/30/21. content of the training, to include current policy review, is outlined be	Гһе	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		00 00 00 00 00 00 00 00 00 00 00 00 00	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 03/17/2021	
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A 385	2. Ensure a register assessed all patient 3. Ensure the nursincare plan that reflect interventions require Please refer to A-03 The cumulative effer practices resulted in the nursing staff proeach patients needs of regular safety cheminutes per policy) result in patients attractions attraction and patients attractions are survey team Jeopardy (IJ) situation entrance. II. During the investion-site survey team Jeopardy (IJ) situation the health and safety the Condition of Par (42 CFR 482.23). The nursing staff following perform safety minutes, as required 1. The administrative and implement a content of the nursing staff per staff per safety in the nursing staff per safety in the nursi	ed nurse (RN) adequately s. Please refer to A-0395. In g staff kept a current nursing ted the nursing care and ed to meet the patient's needs. 26. In the se failures and deficient the hospital's inability to ensure vided care individualized to in a safe environment. The lack ecks (approximately every 15 created a situation which could empting to engage in suicide or another patient, without the he behavioral health hospital's dentified an Immediate on (a crisis situation that placed by of patients at risk) related to ticipation for Nursing Services are hospital staff failed to ensure the owed their safety check policies rounds on patients every 15	A 385	- Each patient admitted to the psychiunit shall have an individualized treat plan which is based on interdisciplinate clinical assessments. - The multidisciplinary team is headed the provider and consists of nursing, therapists, recreational therapists and other health professions as indicated. - Patients are involved in the treatment planning process and sign their treatment planning process is continuous, beginning at the time of admission and continuing through discharge with ongoing updates throughout the inpatient timeframe to include interventions, goals and/or sconcerns identified in assessments/ reassessments. - Re-education and review of application policies including: 1. 1000.0 Plan for Provision Care 2. 1300.10 Staffing Plan for Provision of Care 3. 1300.31 Assessment/ Reassessment of the Pate 4. 1200.9 Treatment Plan A Inpatient	tment ary ed by d d. ent ment darety defety defety

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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Immediate Jeopardy (IJ) situated administrative staff on 3/15/2 administrative staff promptly to the immediacy of the situation removed the immediacy prior exiting the complaint investigated administrative staff developed re-educated all nursing staff, Health Technicians, prior to the shift. The education provided following: a. Reeducation for the staff of Observation policy b. Reeducation on the Safety orientation focusing on emine do not complete the safety chaminutes. c. Traning Attestation signed staff. d. Random shift video observation to be completed by assigned. Every 15 minute safety chareported in daily morning meeticam. f. Continued monitoring of every checks as Process Improvem monthly QAPI committeee meeting. Reeducation of all staff to be next scheduled shift effective.	at 3:44 PM. The cook action to remove a the hospital staff to the survey team ation when the hospital deducation and including Mental heir next scheduled to include the at the Levels of Slides from new hire ncy of risk if the staff ecks every 15 by each applicable vations with validation ned staff daily. The compliance to be sting to Leadership ery 15 minute safety ent Indicator at settings.	A 38	- Shift to shift hand-off forms will be revised to include treatment plan updates. The shift to shift hand off forms reviewed daily. - Treatment Planning and Medical Treatment Planning slides are a poir focus at New Hire Orientation and wadded to the curriculum. - Treatment Plan elements are a Pl Indicator and are reviewed/audited for completion weekly with findings report monthly at QAPI committee meeting. - Treatment Planning Competencies being signed signifying completion a understanding of Treatment Plan documentation. The CEO, HRD, DCS, IC/Nurse Educator and RN House Supervisors are responsible for implementing and monitoring the plan of correction for future compliance with the regulation TAG A385 ENDS HERE	or orted s. are and	

NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH STREET ADDRESS, CITY, STATE, ZIP CODE TYD TANGLEPOOT LANE BETTENDORF, IA 52722 STREET ADDRESS, CITY, STATE, ZIP CODE TYD TANGLEPOOT LANE BETTENDORF, IA 52722 IGACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 385 Continued From page 23 The following Condition level deficiency remained for the Condition of Participation for Nursing Services (42 CPR 482.23) (A-0385). A 395 RN SUPERVISION OF NURSING CARE CPR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: I. Based on observation, document review, and staff interviews the Behavioral Health Hospital (BHH) staff failed to supervise patients by performing the 15 Minute Safety Checks for 3 of 3 open patient records reviewed (Patient #1, Patient #5, and Patient #7) and 7 of 7 closed patient records reviewed (Patient #3, Patient #4, Patient #6, Patient #8, Patient #8, and Patient #10, Failure to perform regular safety checks provided the patients an opportunity to engage in inappropriate behavior, such as potential sexual contact with another patient, attempting suicide, self harm, or assault without staff detection. The BHH administrative staff identified a census of 25 patients upon entrance. Findings include: 1. Review of the policy "Locator Rounds"	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006		The Action Control of the Control of	PLE CONSTRUCTION	COMPL	(X3) DATE SURVEY COMPLETED C 03/17/2021	
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A 385 Continued From page 23 The following Condition level deficiency remained for the Condition of Participation for Nursing Services (42 CFR 482.23) (A-0385). A 395 R N SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: I. Based on observation, document review, and staff interviews the Behavioral Health Hospital (BHH) staff failed to supervise patients by performing the 15 Minute Safety Checks for 3 of 3 open patient records reviewed (Patient #2, Patient #4, Patient #8, Patient #9, Patient #1, Patient #9, Patient #9, Patient #9, Patient #9, Patient #9, Patient #1, Patient #9, Patient #9, Patient #9, Patient #9, Patient #1, Patient #9, Patient #9, Patient #9, Patient #9, Patient #9, Patient #1, Patient #9, Patient #9, Patient #1, Patient #9, Patient #9, Patient #9, Patient #1, Patient #9, Patient #9, Patient #9, Patient #9, Patient #9, Patient #1, Patient #9, Patient #9, Patient #1, Patie			ALTH		770 TANGLEFOOT LANE		
The following Condition level deficiency remained for the Condition of Participation for Nursing Services (42 CFR 482.23) (A-0385). RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: 1. Based on observation, document review, and staff interviews the Behavioral Health Hospital (BHH) staff failed to supervise patients by performing the 15 Minute Safety Checks for 3 of 3 open patient records reviewed (Patient #1, Patient #5, and Patient #7) and 7 of 7 closed patient records reviewed (Patient #2, Patient #3, Patient #4, Patient #6, Patient #8, Patient #9, and Patient #10). Failure to perform regular safety checks provided the patients an opportunity to engage in inappropriate behavior, such as potential sexual contact with another patient, attempting suicide, self harm, or assault without staff detection. The BHH administrative staff identified a census of 25 patients upon entrance. Findings include: 1. Review of the policy "Locator Rounds" TAG A395 BEGINS HERE Education of all Nursing staff including Mental Health Technicians included the following: - Reeducation on Levels of Observation policy 1000.17, effective 6/12/20 - Safety Slides from new hire orientation focusing on eminency of risk if Q15s are not complete - Reeducation for MHTs on handoff when leaving the unit or responding to a disturbance - Reeducation for MHTs on walking rounds at shift handoff - Training Attestation signed by each applicable staff - Scheduled shift video observations with validation tool is completed by Leadership team - Nursing/Unit supervisors sign-off of Q15 safety checks is evident on Patient Observation forms at minimum of twice per shift - Q15s compliance is reported in daily more properties meaning to Leadership team	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETION
Procedure," effective 7/12/20, revealed in part, " all patients are supervised, at a minimum, every 15 minutes through rounds/milieu Locator process." "purpose To identify high risk or high alert behaviors and implement other precautions as required perform rounds at staggered intervals TAG A395 CONTINUED		The following Condifor the Condition of Services (42 CFR 4 RN SUPERVISION CFR(s): 482.23(b)(3 A registered nurser nursing care for each this STANDARD is I. Based on observing staff interviews the I (BHH) staff failed to performing the 15 Mopen patient record: #5, and Patient #7) records reviewed (FP atient #6, Patient # Failure to perform rethe patients an oppoinappropriate behave contact with anothe harm, or assault with administrative staff patients upon entrainers include: 1. Review of the pol Procedure," effectivall patients are superinutes through	tion level deficiency remained Participation for Nursing 82.23) (A-0385). OF NURSING CARE 8) must supervise and evaluate the sh patient. not met as evidenced by: ation, document review, and Behavioral Health Hospital supervise patients by linute Safety Checks for 3 of 3 is reviewed (Patient # 1, Patient and 7 of 7 closed patient extient #2, Patient #3, Patient #4, #8, Patient #9, and Patient #10). egular safety checks provided ortunity to engage in rior, such as potential sexual repatient, attempting suicide, self hout staff detection. The BHH identified a census of 25 ince. Ticy "Locator Rounds e 7/12/20, revealed in part, " ervised, at a minimum, every 15 rounds/milieu Locator process."	43 561 940.554	TAG A395 BEGINS HERE Education of all Nursing staff included following: - Reeducation on Levels of Observe policy 1000.17, effective 6/12/20 - Safety Slides from new hire orient focusing on eminency of risk if Q15 not complete - Reeducation for MHTs on handoff leaving the unit or responding to a disturbance - Reeducation for MHTs on walking at shift handoff - Training Attestation signed by each applicable staff - Scheduled shift video observation validation tool is completed by Leasteam - Nursing/Unit supervisors sign-off safety checks is evident on Patient Observation forms at minimum of the shift - Q15s compliance is reported in dimorning meeting to Leadership teast Indicator at monthly QAPI committee meetings	ation tation tation is are f when g rounds the dership of Q15 wice per aily im a PI	3/15/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	184006	B. WING		03/17/2021	
	/IEW BEHAVIORAL HE	ALTH	7	STREET ADDRESS, CITY, STATE, ZIP CODE 170 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
A 395	and in a varying patt out opportunities obehavior" "be aware diverted: changes in de-escalation, visitin "Charge Nurse En Rounds are occurrin seven days a week . patient care areas enentering rooms not a or areas 'off limits' without direct staff su their treatment by be be not sleeping or participation in treatment area (mea Hand Off from shift to oncoming staff will wensure continuity of conserved with visual minute observations no longer than 15 midocument the patient special precautions (observation while coor distress If and/off [MHT] has to leave the nursing staff and and	document patient location and of times your focus can be shift, codes, crisis g hours, unit staffing" Issures Patient Locator g as ordered, 24 hours per day, while monitoring hallways not left in treatment areas upervision participating in ing where they are directed to otherwise avoiding ment activities" Datient - Locator rounds to otherwise avoiding ment activities" Datient - Locator rounds to or before leaving the patient ls, breaks, emergencies) or shift Off-going and alk/monitor the unit jointly to care" Datient - Locator rounds to or before leaving the patient ls, breaks, emergencies) or shift Off-going and alk/monitor the unit jointly to care" Datient - Locator rounds to or before leaving the patient ls, breaks, emergencies) or shift Off-going and alk/monitor the unit jointly to care" Datient - Locator rounds to or before leaving the patient is checks every 15 minutes "15 will occur at random intervals nutes Assigned staff will the behavior, location, activity, if indicated) and level of offorming they are in no danger or when a mental health tech ne floor, the MHT will notify other MHT or the nurse will floor for patient observation	A 395	- Reeducation of all staff was completed prior to their next scheduled shift. - The new Q15 Attestation and revise 1000.17 Levels of Observation policy (revised 4/14/21), reinforces Eagle V commitment to keeping our patients above all else. - New red-light flashlights and clipbowith digital clocks built in were purch (4/2/21) and rolled out to staff to facily qualitative as well as quantitative Q1 - Guidance points for Q15s were attated to Safety Check clipboards. Those guidance points include but are not lito: 1. Emphasizing the importance shift hand-off be peer to pee 2. Lack of staffing, unit disruptive EHR malfunctions are not considered valid reasons for compliance of Safety Check. 3. Prefilling in the times of the observations is not allowed (on paper forms) 4. Observe sleeping patients we flashlight and be sure to see rise and fall at least 3 times. 5. Q15 safety checks are the # we use to keep patient's safe the most important thing we 6. Falsification or failing to comrounds appropriately will resimmediate termination.	ed //iew's safe ards ased litate 5s. ached mited e that r. on, ith chest 1 tool e. It is do. plete	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		164006	B. WING		03/17/2021
	ROVIDER OR SUPPLIER	EALTH	77	REET ADDRESS, CITY, STATE, ZIP CODE 70 TANGLEFOOT LANE ETTENDORF, IA 52722	
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7/12/20, revealed in part Registered Nurses (mini Observe nursing staff per health workers compliant levels." 4. Review of the docume ORIENTATION Week 1 Observation Competence 5/29/20, revealed in part observation, staff will not interfere with patient rous conversations, Patient restantial extends of the part number one priority will lobservation and documents. Review of 3 of 3 open currently admitted on surfollowing:		licy "Nursing Rounds," effective in part, "Objectives for rounds for (minimum 3 times per shift) aff performance including mental inpliance with patient observation. Cument, "ALL STAFF ek 1 TESTS, Patient etency" checklist form, revised in part, "While completing the rill not allow distractions to not rounding: Peer to peer ent requests, Crisis situations the patient observations the rewill be completing the cumentation of the patients" I open medical records (patients on survey entrance) revealed the fadmitted Patient #1 to the BHH PM. Review of Patient #1's chart	A 395	Policy 1000.17 Level of Observar revised 4/14/21, sections N-Q we updated and revised to include the expectation that patient doors are be closed and locked when the patient is not in his/her room. Additionally, patients should be encouraged to attend groups or participate in other relevant actividuring the day per their treatmen plan. If a patient refuses to atten group or other activity and requestay in their room, the staff memiwill provide for the comfort and sof the patient, monitor the patient the provider's order for level of observation, document the reason refusal and notify the provider/members of the treatment team.	ere ne e to ities t id sts to ber afety t per
	from admission through 3/10/21 at 11:57 AM revealed that Patient #1's mental health provider ordered the "Level of Observation: Every 15 Minutes and Precautions: No Precautions" (a measure taken in advance to prevent something dangerous, unpleasant, or inconvenient from happening). During Patient #1's admission, the BHH staff had 344 opportunities to perform 15 minute checks (where the staff observe the patient's location to ensure the patient is safe). Of the 344 opportunities to perform 15 minute safety checks, on 51 occasions, the hospital staff			TAG A395 CONTINUED ON PAG	DE 38

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 395	performed the safety after the prior safety opportunity to engage behavior, fight, or at another patient). On performed the safety after the prior safety checks revealed the checks between 16 hour and a half) after the prior safety checks revealed the checks between 16 hour and a half) after the checks between 16 hour and a half) after the checks between 16 hour and a half) after the checks between 16 hour and a half) after the checks between 16 hour and a half) after the checks between 16 hour and a half) after the checks between 16 hour and a half) after the check and	checks longer than 15 minutes check (giving patients an ge in inappropriate sexual tempt to kill themselves or 14 occasions, the hospital staff checks longer than 30 minutes check. Review of the safety staff performed the safety minutes to 107 minutes (over an rethe prior safety check. The cover 15 minutes, the hospital at a reason why the staff failed ck within 15 minutes. The cumented included: The cumented included: The cover 15 minutes are ason for the dethe staff only documented "." The cumented included: The cover 15 minutes are ason for the dethe staff only documented "." The cumented included a reason for the dethe staff only documented "." The cover 15 minutes are ason for the dethe staff only documented "." The cumented include a reason for the dethe staff only documented "." The cover 15 minutes are ason for the dethe staff only documented "." The cover 15 minutes are ason for the dethe staff only documented "." The cover 15 minutes are ason for the dethe staff only documented "." The cover 15 minutes are ason for the dethe staff only documented "."	A 3	395			

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NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722 PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
EAGLE VIEW BEHAVIORAL HEALTH T70 TANGLEFOOT LANE BETTENDORF, IA 52722 (XA) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION			164006	B. WING_			03/17/2021
(VA) II) SOMMAN OF THE PROPERTY OF SEPTIMENT			EALTH		770 TANGLEFOOT LANE		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPANY TAG (EAC		(EACH DEFICIENCY MUST	T BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
A 395 Continued From page 27 staff performed the safety checks longer than 30 minutes after the prior safety check. Review of the safety checks between 16 minutes to 108 minutes (over an hour and a half) after the prior safety check. For every safety check over 15 minutes, the hospital staff had to document a reason why the staff falled to complete the check within 15 minutes. The reasons the staff documented included: "Unit disruption" "discharging patient" "helping other patients" "computers were down for update" "staff" "MHT off unit" "RN busy" c. The hospital staff admitted Patient #7 on 2/27/21 at 10:20 AM and discharged Patient #7 on 3/8/21 at 4:05 PM. Patient #7's mental health provider ordered the "Level of Observation: Every 15 Minutes" and "Procautions: Suicide precautions." During Patient #7's admission to the BHH, the hospital staff had 856 opportunities to perform 15 minute safety checks. Of the 856 opportunities to perform 15 minutes safety checks, on 76 occasions the hospital staff performed the safety checks longer than 15 minutes after the prior safety check. On 22 occasions, the hospital staff performed the safety checks longer than 30 minutes after the prior safety check. Review of the safety checks revealed the staff performed the safety checks between 16 minutes to 108 minutes (over an hour and a half) after the prior	A 395	staff performed the minutes after the pr safety checks revers safety checks betwee (over an hour and a check. For every safety checks betwee to complete the chere reasons the staff do "Unit disruption" "discharging patien "helping other patien "computers were do "staff" "MHT off unit" "RN busy" c. The hospital staff at 10:20 AM and di 4:05 PM. Patient #7 ordered the "Level Minutes" and "Prece During Patient #7's hospital staff had 8 minute safety check minutes the hospital staff perform 15 minute the hospital staff performed minutes to 108 minutes to 108 minutes safety check minutes to 108 minutes safety check minutes to 108 minutes after performed minutes after performed minutes after performed minutes to 108 minutes after performed minu	ior safety checks longer than 30 ior safety check. Review of the aled the staff performed the een 16 minutes to 108 minutes half) after the prior safety eck over 15 minutes, the hospital ent a reason why the staff failed eck within 15 minutes. The ocumented included: "" "" "" "" "" "" "" "" ""		95		

Facility ID: IAH0120

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722			
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A 395	staff had to docum to complete the chreasons the staff of "Unit disruption" "checks done" "N/A" "RN busy" "RN distracted" "MHT off unit" "working on discha "making me put in "off unit" "shift change" 6. Review of 7 of (patients discharge revealed the follow a. The hospital sta 11/17/20 at 10:57 12/8/20 at 8:40 AM provider ordered the follow shift in the safety checks. Of the 1,986 opportunities checks. Of the 1,986 minute safety checks taff performed the minutes after the poccasions, the hos checks longer than	heck over 15 minutes, the hospital tent a reason why the staff failed teck within 15 minutes. The locumented included: arge" reason interval not missed" 7 closed medical records ted before survey entrance)	A 39	5			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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0.000	ROVIDER OR SUPPLIER	EALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
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A 395	For every safety che staff had to docume to complete the che	etween 16 minutes to 137 urs) after the prior safety check. eck over 15 minutes, the hospital and a reason why the staff failed ock within 15 minutes. The ocumented included: d doing vitals" name] down"	A 39	95		
	at 10:30 AM and dis at 7:45 PM. Patient ordered the "Level of Minutes" and "Precasticide precautions to the BHH, the hos to perform 15 minut opportunities to per on 86 occasions the safety checks longe safety check. On 36 performed the safet after the prior safety	ff admitted Patient #3 on 2/1/21 scharged Patient #3 on 2/24/21 #3's mental health provider of Observation: Every 15 autions: Assault precautions and s." During Patient #3's admission spital staff had 887 opportunities te safety checks. Of the 887 form 15 minute safety checks, thospital staff performed the er than 15 minutes after the prior occasions, the hospital staff try checks longer than 30 minutes by check. Review of the safety the staff performed the safety the minutes to 84				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		S. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		3/17/2021	
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A 395	minutes (almost an safety check. For every safety che staff had to docume to complete the che reasons the staff do "Unit disruption" "RN distracted" "MHT on break" "MHT off unit" "shift change" "computers were do "I was off unit" "RN busy" "staff" "checks were made "tablets not working	hour and a half) after the prior eck over 15 minutes, the hospital int a reason why the staff failed ck within 15 minutes. The cumented included: wn for update" but not documented"	A 3	995			
	7:24 PM and discha 2:33 PM. Patient #4' ordered the "Level of admission (requiring feet of Patient #3 at health provider later Observation: Every PM and "Precaution admission to the BH opportunities to perform the 1,017 opportunities to perform the safety checks, on 76 performed the safety after the prior safety	admitted Patient #4 on 2/1/21 at rged Patient					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		OMPLETED C
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A 395	safety checks revea safety checks betwee (over 2.5 hours) after For every safety che staff had to docume to complete the che reasons the staff do "unit disruption" "off unit" "doing environment "looking for belongin "just got on floor" "staff" "no staff" "tablet froze" d. The hospital staff 11/18/20 at 5:57 PM 12/1/20 at 12:45 PM provider ordered the 15 Minutes" and "PM During Patient #6's hospital staff had 1, minute safety check perform 15 minute staff pel longer than 15 minute the hospital staff pel longer than 15 minute safety checks longer safety check. Reviet the staff performed	for safety check. Review of the led the staff performed the leen 17 minutes to 162 minutes er the prior safety check. eck over 15 minutes, the hospital int a reason why the staff failed ck within 15 minutes. The cumented included:	A 3	95		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER	EALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722			00/1//2021	
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A 395	prior safety check. For every safety chestaff had to docume to complete the chereasons the staff do "unit disruption" "obtaining supplies" "not with MHT" "staff" "only one MHT log i "vitals/short staffed" moving rooms" "short staffed?MHT "not with MHT/nurse "shift change" "Tablet issues" e. The hospital staff at 9:53 PM and discated the "Level of Minutes" and no preadmission to the Bhopportunities to perfor the 713 opportunities to performed the safety after the prior safety hospital staff perfor than 30 minutes after the safety checks the safety checks be	eck over 15 minutes, the hospital and a reason why the staff failed ck within 15 minutes. The cumented included: n"	A 395				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED C		
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	ROVIDER OR SUPPLIER	ALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722			
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A 395	For every safety che staff had to docume to complete the chereasons the staff do "unit disruption" "none" "sharpening supplie "staffing" "talking with patient" "iPads locking up" f. The hospital staff at 6:16 AM and disc at 3:25 PM. Patient ordered the "Level of Minutes" and "Precaduring Patient #9's hospital staff had 97 minute safety check perform 15 minute steep the hospital staff perlonger than 15 minute on 12 occasions, the safety check longe safety check. Reviet the staff performed minutes to 91 minute prior safety check. For every safety check staff had to docume	admitted Patient #9 on 11/15/20 harged Patient #9 on 11/25/20 harged Patient #9 on 11/25/20 #9's mental health provider of Observation: Every 15 autions: Suicide precautions." admission to the BHH, the 70 opportunities to perform 15 s. Of the 970 opportunities to afety checks, on 43 occasions rformed the safety checks tes after the prior safety check. e hospital staff performed the r than 30 minutes after the prior w of the safety checks between 17 es (an hour and a half) after the eck over 15 minutes, the hospital nt a reason why the staff failed ck within 15 minutes. The	A 3	95			

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	ROVIDER OR SUPPLIER	164006 ALTH	B. WING_	STREET ADDRESS, CITY, STATE, ZIP CO 770 TANGLEFOOT LANE BETTENDORF, IA 52722		8/17/2021	
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A 395	"unit disruption" "not with tech" "checking another's "helping sanitize [rod" "staff" "training MHT charti "Not with patient" "discharging a patiel "was in the bathroon" nurse got busy" "no tablet" "training" "couldn't log into tab g. The hospital staff 10/21/20 at 5:01 PM 11/10/20 at 4:55 PM provider ordered the 15 Minutes" and "Pro During Patient #10's hospital staff had 1,5 minute safety checks perform 15 minute s the hospital staff per longer than 15 minute On 26 occasions, the safety checks longer safety check. Review the staff performed t minutes to 369 minutes staff had to document	vitals" om] 500" ng" nt nt n" let" admitted Patient #10 on and discharged Patient #10 on . Patient #10's mental health "Level of Observation: Every ecautions: No precautions." admission to the BHH, the 220 opportunities to perform 15 s. Of the 1,920 opportunities to afety checks, on 75 occasions formed the safety checks tes after the prior safety check. e hospital staff performed the r than 30 minutes after the prior v of the safety checks revealed he safety checks between 16 tes (over 6 hours) after the prior ack over 15 minutes, the hospital at a reason why the staff failed ck within 15 minutes. The	A 3	95			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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A 395	"shift change" "tablet was not work "short staffed" "nurse was suppose belongings" "not enough staff" "discharging a patie "off unit"	e for multiple MHT's" king properly" e to chart while I found	Α3	395				
	hospital staff paged patient had a medic wing. All of the staff left the adult 400 wi emergency on the a patients on the adul hospital staff assign	3/8/21 at 4:25 PM revealed the a "Code White" (indicating a cal emergency) in the adult 300 f assigned to the adult 400 wing ng and responded to the adult 300 wing (leaving the lt 400 wing unsupervised). The ned to the adult 400 wing did not 000 wing until 4:45 PM (20						
	400 unit, revealed outside to the court smoke. The hospita while MHT D took t 2:12 PM, while MH Patient #1 left their 400 unit. At 3:10 Pl nurses' station. Pat requested medicati	3/9/21 at 1:45 PM, on the adult MHT D escorted several patients yard, so the patients could at staff left 2 patients unattended he patients to the courtyard. At T D took the patients outside, room and wandered the adult M, Patient #1 approached the ient #1 was crying and on from the nursing staff. The led that the hospital staff failed to ns						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	164006 B. WING			C 03/17/2021		
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP CO 770 TANGLEFOOT LANE BETTENDORF, IA 52722		1112021
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A 395	approximately ev 1:45 PM to 3:10 I Review of Patien the hospital staff check on Patient they saw Patient hospital staff doc safety check on I later and during t perform a safety staff documented on the phone. Th reason they failed "unit disruption." 9. Review of a me from the Director "Not following the undermines your milieu (environme place for people v individual in their wellness) to char 15 minute chec mandatory The nurse's station. Y about with the pa" 10. During an inte Director of Quality acknowledged the knew the hospital safety checks ap required by the he	ery 15 minutes on Patient #1 from	A	395		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		164006	B. WING		03/17/2021		
	ROVIDER OR SUPPLIER	EALTH	7	STREET ADDRESS, CITY, STATE, ZIP CODE 170 TANGLEFOOT LANE BETTENDORF, IA 52722	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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A 395	meeting. The hospi developed an audit situation, but they dand corrective plan the hospital staff ha 11. During an intervice acknowledged staff knew the nursi safety checks approceed had developed and reviewed it with February. The hospiceO's corrective pl	bruary quality committee tal's administrative staff had system and plan to correct the lid not implement the auditing , as the hospital's DON left and ad to hire a new DON. View on 3/11/21 and 8:10 AM, the d the hospital's administrative ing staff failed to perform patient oximately every 15 minutes. The d a plan to address the problem in the hospital's DON in early oital staff did not implement the an and the nursing staff perform safety checks	A 395	TAG A395 CONTINUED			
	the Behavioral Hea staff failed to ensur- assessed 1 of 6 pai the patient posed a Failure to fully asse basis to determine resulted in the hosp patient with a prior other patients at ris sexual behavior wit	ent review and staff interview, lth Hospital (BHH) administrative e a registered nurse (RN) fully tients (Patient #2) to determine if potential risk to other patients. It is the patient on an ongoing the patient's condition potentially olital staff failing to identify a sexual history which could place k for the patient engaging in them. The Behavioral Health identified a census of 25 nce.		Re-education on the assessment/ reassessment process of potential risk behaviors and treatment plann occurring for staff with treatment/or planning responsibilities. Attending Providers, A&R Assessors, Patien Nurses and Clinical Therapists will required to complete this training by 4/30/21. If not completed by due of staff will be taken off the schedule completion. The content of the trai include current policy review, is out below: TAG A395 CONTINUED BELOW	ly high- ing, is are t Care be be y late, until	1/30/2021	

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STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 395	Findings include: 1. Review of the poli effective 6/12/20, rev begins on admissi treatment process individualized accordidentified through as goal of nursing servicomprehensive, ther nursing care 24 hour "Psychiatric nursing professional nursing activities [aimed at the therapeutic relations contact [with] addi providing therapeutic for Nursing Care," effe "NURSING RESPON PRACTICE Nursing Standard II nurse which is comprehens "Standard V-E - Interenvironment nurse which is comprehens "Standard V-E - Interenvironment nurse with other health contential c	cy "Plan for Provision of Care," vealed in part, " Assessment ion is integral to the [the] treatment planning is ding to individual needs sessments" " [The] primary ce [is] to provide planned, apeutic, safe and consistent is a day, seven days a week." is a specialized area of practice [with the] primary ne] establishment of trusting, hip through daily, consistent tional responsibilities [including]	A 395	RISK ASSESSMENT/REASSESSMI The initial patient assessme will be revised to include questions the address trauma history and potential risk behaviors which may include but not limited to, Risk of Harm to Self or Others (physically, sexually, or emotionally). Nursing Admission Assessme will also assess the patient's history trauma related to sexual abuse and shistory (Statement of sexual abuse and shistory, abusing others, general sexuhistory, patterns of satisfaction/dissatisfaction with sexual behavior pattern, reproductive patterns, orients. If sexual issues or other high behaviors are identified, the provider notified and if indicated, the provider place the patient on the appropriate precautions. The Treatment Team winotified and an individualized problem be added to the treatment plan Revision of high-risk hand of designed to communicate identified hrisk behaviors in A&R which is handed to admitting RN. Education of the revised admission assessment, revised High Hand-Off form, and re-education of P1000.23 Sexually Acting Out Precaut will be completed with all attending providers, A & R assessors, nursing a clinical therapists (by 4/30/21). Staff completing the education by 4/30/21 removed from the schedule and expet to complete the education before the scheduled shift.	ent tool hat lly high t are nent of sexual leglect lal ation.) n risk will be will ff tool high- ed off Risk Policy ions, and not will be ected	4/30/2021	

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AND PLAN OF	CORRECTION	IDENTIFICATION NOWIDER.		A. BUILDING			С	
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A 395	condition and beha information obtaine including other h "Formulate a plan of [the] patient other which provides for protection" "Evaluand modify plan as nurses shall use the on an ongoing basi interventions for shall be made both the hospital staff armale) on 11/17/20 provider, Psychiatric Practitioner N (PM registered nurse tracenduct therapy, pwith psychiatric dispsychiatric service physical assessme and manage patient to observe Patient ordered the nursing homicidal and self (instructions to the #2 to attempt to kill PMHNP N comple Evaluation" of Pati (the day after Patic hospital). During the reported, in addition themselves and is	vior and through interpretation of d from the patient and others ealthcare team members" of care, in collaboration with or healthcare team members or the patient's safety, uate effectiveness of the plan needed" "Specifically, e assessment skills initially and its to determine necessary effectiveness modifications ased on nurse's evaluation" and #2's medical record revealed dmitted Patient #2 (an adolescent at 10:57 PM. The admitting its Mental Health Nurse HNP - an advanced practice ained to autonomously diagnose, rescribe medications for patients forders, provide emergency s, perform psychosocial and ents, develop treatment plans, at care) ordered the nursing staff #2 every 15 minutes. PMHNP N g staff to place Patient #2 on harm/suicidal precautions nursing staff to watch for Patient I themselves or others). It the "Initial Psychiatric ent #2 on 11/18/20 at 4:57 PM ent #2's admission to the ne assessment, Patient #2 on to thoughts of killing sues with aggression, Patient #2 all charge of attempted		395	TREATMENT PLAN: • Each patient admitted to the psychiatric unit shall have an individualized treatment/care plant is based on interdisciplinary clinical assessments. (The multidisciplinary is headed by the provider and consumurating, therapists, recreational therapists, and other health profession as indicated). • The treatment planning provided in the provided in the provided in the provided in the provided interventions with updates to include changes identified in clinical and massessments/reassessments. • The re-education indicated staff recognize or observe patient behavior or a change in conditional treatment plan is updated with appropriate goals and intervention nurse prior to the end of shift. • Re-education and review applicable policies including: 1. 1000.0 Plan for Provisional Care 2. 1300.10 Staffing Plantal Provision of Care 3. 1300.31 Assessment/ Reassessment of the Patal At 1200.9 Treatment Plantal Inpatient	which all ry team sists of sis		
					TAG A395 CONTINUED BELOW	1		

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A 395	to explain and/or dod by "sexual stuff" duri Evaluation" and duri Patient #2. Further review of Parevealed Social Worn Psychosocial" assess During the assessment of the question "Historeported "legal historeported they had a "sexual stuff" to dete sexual stuff" to dete sexual risk to other padolescent behavioracknowledged that, e Patient #2's stateme L failed to document hospital staff had accurate to document hospital staff had accurate ported to document	"sexual stuff." PMHNP N failed cument what Patient #2 meant ing the "Initial Psychiatric ng subsequent meetings with tient #2's medical record ker O completed the "New sament on 11/19/20 at 8:29 AM. ent, Patient #2 answered "yes" ory of Sexual Assault:" and ry with some 'sexual stuff". ed to explain and/or document tified as their history of sexual stuff." wo on 3/9/2020 at 11:00 AM, they spoke with Patient #2 chiatric evaluation. Patient #2 legal history that included some IP L could not remember if they tient #2's statement about rmine if Patient #2 presented a patients in the inpatient al health unit. PMHNP L even if they did fully assess in tabout "sexual stuff", PMHNP their findings so that other cess to the information PMHNP their findings so that other there staff could provide at to Patient #2 and ensure the atients on the inpatient	A 395	Treatment Plan elements are a Pl Indicator and are reviewed/audited for completion weekly with findings report monthly at QAPI committee meeting. Treatment care plans are audited for following:	ented s. the the in fents harge. and shed d and 7 days hage of are	
				TAG A395 CONTINUED BELOW		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING				(X3) DATE SURVEY COMPLETED C 03/17/2021	
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722					
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A 395	Worker O revealed the psychosocial revealed they had a legal histor Social Worker O explain the histor stuff." Patient #2 talk about it further remaining interaction of the patient and the patients in health unit. 6. Review of an it 8:00 PM, revealed paper in Patient social media control the paper. 7. Review of an it 8:30 PM - 9:00 Pdiscovered Patients in health unit.	rview on 3/10/21 at 1:32 PM, Social ed they spoke to Patient #2 during assessment interview. Patient #2 d a history of sexual assault and ry that included "sexual stuff". revealed they asked Patient #2 to ry of sexual assault and "sexual declined to explain and refused to er. All of Social Worker O's etions with Patient #2 occurred in a titing. Social Worker O failed to her evaluation regarding Patient exual assault of "sexual stuff" to ent #2 presented a sexual risk to the inpatient adolescent behavioral encident report, dated 11/28/20 at ed the nursing staff found a piece of #2's shoe which contained the tact information for Patient #6 on encident report, dated 11/30/20 at ed M, revealed the nursing staff ent #6 (a female adolescent 5 years	A	395	Nursing assessments/reassessmare a PI Indicator and are review audited to ensure critical element treatment plan have been followed and added as a treatment goal/ intervention. The findings are remonthly at QAPI committee meet. * An Attestation for Re-Train Treatment Planning & Nursing Assessment/Reassessment Competencies will be signed sign completion and understanding. The CEO, DCS, IC/Nurse Educa RN House Supervisors are response for implementing and monitoring of correction for future compliance the regulations.	ed/ ts of the ed up on ported tings. aining onifying tor and onsible the plan		
	younger than Pa bathroom. Menta found Patient #6 closed. Patient # #6 and Patient # notified the RN o House Supervise the nursing staff	tient #2) hidden in Patient #2's all Health Technician (MHT) H later in Patient #2's room with the door 6 told MHT H 3 times that Patient 2 "were just talking." MHT H on duty, and the RN on duty notified for P. House Supervisor P instructed to relocate Patient #6 from a room Patient #2's room to a room			TAG A395 ENDS HERE			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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A 395	nurses' station. House that "Both patients to times. No exceptions as the nursing staff failed actual problems relassexual risk to themse #2's treatment plan I observation for potent behavior such as ad and establishing an einhibitions with the output of the patient's plan of care in the patient plan of care in the patient plan of care in the patient plan of care	se Supervisor P documented or remain 10 feet apart at all s." #2's treatment plan revealed ed to identify any potential or ted to Patient #2 having a selves or other patients. Patient acked interventions such as nitial inappropriate sexual olescent grooming (befriending emotional connection to lower bjective of sexual abuse). P L, Social Worker O, and the assess and evaluate Patient al stuff' could result in the an opportunity to add safety interventions to the to prevent potential tions and/or sexual activity	A 395			
A 396	develops, and keeps each patient that refl nursing care to be pr needs. The nursing interdisciplinary care This STANDARD is a Based on document Behavioral Health Ho	issure that the nursing staff current, a nursing care plan for ects the patient's goals and the ovided to meet the patient's care plan may be part of an plan. not met as evidenced by: review and staff interviews, the ospital (BHH) administrative the nursing staff kept a current	A 396	TAG A396 BEGINS HERE Re-education on treatment planning and medical treatment planning is occuring with staff with treatment planning responsibilities. Clinical Services staff will be required to complete this training by 4/30/21. The content of the training, to include current policy review, is outlined below		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			77	REET ADDRESS, CITY, STATE, ZIP CODE TO TANGLEFOOT LANE ETTENDORF, IA 52722			
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A 396	reflected the nursing to meet the patient's reviewed (Patient #2 appropriate nursing care plan may resulfully meet the patier result in the staff fai supervision to poter engaging in inapproanother patient. The reported a census of Findings include: 1. Review of the pol Care, "effective 6/12 multidisciplinary application of the pol Care, "effective 6/12 multidisciplinary application of the pol Care, and recreplanning is individuanted identified throuse initiates the pfindings" "[The] nurse initiates the pfindings" "[The] nurse initiates the pfindings" "[The] policible to provide plannary and the policible throuse initiates the pfindings" "[The] policible to provide plannary and the policible throuse in the policible throuse throuse the policible throuse throuse the policible throuse	g care and interventions required a needs in 1 of 6 patient records 2). Failure to reassess a) nursing care needs, add interventions, and revise the tin the nursing staff failing to at's care needs, and potentially ling to provide necessary stally prevent a patient from priate sexual behavior with a BHH administrative staff at 25 patients upon entrance. To proach to treatment planning at's physicians, nursing staff, elors, mental health technicians, ation therapists" "Treatment alized according to individual bugh assessments" "[The] reliminary plan based upon ursing staff and Clinical Services sible for revisions of the an ongoing basis" te reassessed and revised as rimary goal of nursing service ed, comprehensive, therapeutic, nursing care 24 hours a day,	A	396	- Each patient admitted to the psychunit shall have an individualized treaplan which is based on interdisciplinal clinical assessments. - The multidisciplinary team is head the provider and consists of nursing therapists, recreational therapists are other health professions as indicate. Patients are involved in the treatmed planning process and sign their treaplans. - The treatment planning process is continuous, beginning at the time of admission and continuing through discharge with ongoing updates throughout the inpatient timeframe to include interventions, goals and/or sconcerns identified in assessments/reassessments. - Re-education and review of application policies including: 1. 1000.0 Plan for Provision Care 2. 1300.10 Staffing Plan for Provision of Care 3. 1300.31 Assessment/Reassessment of the Pate 1. 1200.9 Treatment Plan And Inpatient	ed by had deent atment of to safety with a safety of the s	

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A 396	physician notes" 3. Review of the policy of Care," effective 6/1 identify nursing care [The] registered nursinitially and on an ornecessary interventioutcome" "A compexpected to formuthrough observation behavior and through obtained from the particular obtained from the officer of the plan as number of the plans, prescribes, de evaluates the nursing 24-[hour] basis" 4. Review of the policy Reassessment of the revealed in part, " responsible for asset the plan of care" "every shift and as "Reassessment is do treatment and to upon" 5. Review of Patient the hospital staff adminale) on 11/17/20 at provider, Psychiatric Practitioner N (PMHI registered nurse train	cy "Staffing Plan for Provision 12/20, revealed in part, " To needs of [the] patient" see use assessment skills agoing basis to determine ons target positive patient betent registered nurse is alate a nursing diagnosis of the patient's condition and interpretation of information attent and others including mbers "Formulate a plan of as for safety protection and tiveness of the plan of care and eeded" "A registered nurse elegates, supervises and greate of each patient on a cy "Assessment & Patient," effective 6/12/20, the Registered Nurse is ssing the patient and prioritizing Each patient is reassessed needs are warranted" one to determine response to late the patient #2 (an adolescent attent Patient #2 (an adolescent attent Patient #2 (an adolescent attent Patient Nurse NP - an advanced practice need to autonomously diagnose, scribe medications for patients	A 396	- Shift to shift hand-off forms will be revised to include treatment plan updates. The shift to shift hand off are reviewed daily. - Treatment Planning and Medical Treatment Planning slides are a poi focus at New Hire Orientation and wadded to the curriculum. - Treatment Plan elements are a Pl Indicator and are reviewed/audited to completion weekly with findings represently at QAPI committee meeting. - Treatment Planning Competencies being signed signifying completion a understanding of Treatment Plan documentation. The CEO, HRD, DCS, IC/Nurse Educator and RN House Supervisors are responsible for implementing and monitoring the plan of correction for future compliance with the regulation TAG A396 ENDS HERE	forms Int of vill be for orted gs. s are and	

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A 396	emergency psychiar psychosocial and pl treatment plans, and the nursing staff to ominutes. PMHNP N place Patient #2 on precautions (instruct watch for Patient #2 others). PMHNP N complete Evaluation" of Patier (the day after Patier hospital). During the reported, in addition themselves and isshad a prior criminal and some "sexual's and/or document with stuff" during the "Initial during subsequent. Further review of Prevealed Social Worker Of Fair the ported "legal history social" assepuring the assessment of the question "His reported "legal history social Worker Of fair what Patient #2 ide assault and what P. 6. During an intervipment of the prevealed social worker Of fair what Patient #2 ide assault and what P.	ge 45 tric services, perform hysical assessments, develop d manage patient care) ordered observe Patient #2 every 15 ordered the nursing staff to homicidal and self harm/suicidal tions to the nursing staff to et to attempt to kill themselves or ed the "Initial Psychiatric nt #2 on 11/18/20 at 4:57 PM nt #2's admission to the et assessment, Patient #2 n to thoughts of killing ues with aggression, Patient #2 charge of attempted homicide stuff." PMHNP N failed to explain hat Patient #2 meant by "sexual tial Psychiatric Evaluation" and meetings with Patient #2. attent #2's medical record rker O completed the "New ssment on 11/19/20 at 8:29 AM. hent, Patient #2 answered "yes" story of Sexual Assault:" and ony with some 'sexual stuff'". illed to explain and/or document ntified as their history of sexual attent #2 meant by "sexual stuff". ew on 3/9/2020 at 11:00 AM, I they spoke with Patient #2 ychiatric evaluation. Patient #2 a legal history that included	A 38	96		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP COE 770 TANGLEFOOT LANE BETTENDORF, IA 52722	E	
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A 396	some "sexual stuff." if they further assess about "sexual stuff" presented a sexual inpatient adolescent acknowledged that Patient #2's statemed L failed to document hospital staff had acknowledged that obtained during P evaluation, so that cappropriate treatmes afety of the other padolescent behavior. 7. During an interview Worker O revealed the psychosocial as revealed they had a had a legal history to Social Worker O revealed they had a had a legal history to social worker O revealed they had a legal history to social worker O revealed they had a legal history to social worker O revealed they had a legal history to social worker O revealed they had a legal history to social worker O revealed they had a legal history to social worker O revealed they had a legal history to social worker O revea	PMHNP L could not remember sed Patient #2's statement to determine if Patient #2 risk to other patients in the to behavioral health unit. PMHNP at, even if they did fully assess ent about "sexual stuff", PMHNP at their findings so that other coess to the information PMHNP atient #2's initial psychiatric other staff could provide nt to Patient #2 and ensure the latients on the inpatient ral health unit. Bew on 3/10/21 at 1:32 PM, Social they spoke to Patient #2 during sessment interview. Patient #2 history of sexual assault and that included "sexual stuff".	A 39	96		
	stuff." Patient #2 detalk about it further. remaining interaction group therapy setting conduct any further #2's history of sexual determine if Patient other patients in the health unit. 8. Review of an incide: 8:00 PM, revealed the talk to the talk talk talk talk talk talk talk talk	of sexual assault and "sexual clined to explain and refused to All of Social Worker O's ans with Patient #2 occurred in a g. Social Worker O failed to evaluation regarding Patient al assault of "sexual stuff" to #2 presented a sexual risk to inpatient adolescent behavioral dent report, dated 11/28/20 at the nursing staff found a piece of a shoe which contained the				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER IEW BEHAVIORAL HE	ALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
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A 396	social media contact the paper. 9. Review of an incise: 30 PM - 9:00 PM, discovered Patient # younger than Patier bathroom. Mental H found Patient #6 in closed. Patient #6 in closed. Patient #2 "ynotified the RN on de House Supervisor Fithe nursing staff to across the hall from close to the nurses' documented that "Bit apart at all times. No 10. During an intervious and Patient #6 becomersing staff had concern the patient #6 becomersing staff had concern the patient #6 were of the patient #2 and Patient #3 and Patient #4 and Patie	dent report, dated 11/30/20 at revealed the nursing staff #6 (a female adolescent 5 years at #2) hidden in Patient #2's ealth Technician (MHT) H later Patient #2's room with the door old MHT H 3 times that Patient were just talking." MHT H luty, and the RN on duty notified Patient #2's room to a room Patient #2's room to a room station. House Supervisor P instructed relocate Patient #6 from a room station. House Supervisor P both patients to remain 10 feet to exceptions." Tiew on 3/10/21 at 4:38 PM, RN other unknown nurse, possibly to watch Patient #2 and Patient #2 and proposite sexes and Patient #2 and opposite sexes and Patient #2 and poposite sexes and Patient #2		396		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	IAME OF PROVIDER OR SUPPLIER		B. WING	STREET ADDRESS, CITY, STATE, ZIP C	ODE	03/	17/2021
EAGLE VIEW BEHAVIORAL HEALTH			770 TANGLEFOOT LANE BETTENDORF, IA 52722	ODE		n K 100	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD B HE APPROPRI		(X5) COMPLETION DATE
A 396	H revealed that an uninstructed MHT H to #6, as "they were ged discovered Patient # bathroom on 11/30/2 Patient #6's bathroom MHT H discovered F the patients and info Supervisor K. MHT H 12. During an intervirevealed they worke adolescent unit on 1 discovered Patient # MHT H discovered F RN E contacted House Supervisor K Patient #2 and Patiens esparated, and move nurses' station to allocloser eye on Patien not recall modifying reflect the new intervidiscovered Patient # 13. During an interviduse Supervisor K the House Supervisor K the House Supervisor K #2 and Patient #6 to a station. House Supervisor station. House Supervisor oncoming nursing should be supervising the supervisor oncoming nursing should be supervising the supervisor oncoming nursing should be supervising should be supervising the supervision oncoming nursing should be supervision.	ew on 3/10/21 at 2:46 PM, MHT nknown staff member watch Patient #2 and Patient titing touchy feely." MHT H 66 hiding in Patient #2's 20. Patient #2 was hiding behind moor, in a closed room, when Patient #2. MHT H separated rmed RN E and House H completed the incident report. ew on 3/9/21 at 7:30 AM, RN E d as the nurse on duty in the 1/30/20 (the night staff 66 in Patient #2's room). After Patient #2 in Patient #6's room, is e Supervisor K for guidance. instructed RN E to separate nt #6, keep them physically be Patient #6 closer to the pow the nursing staff to keep a t #2 and Patient #6. RN E did either patient #6's bedroom. ew on 3/16/21 at 3:00 PM, revealed they were working as per on 11/30/20, the night when the first patient #2's bathroom. directed RN E to keep Patient feet apart at all times and room closer to the nurses' revisor K told RN E to inform the lift about the situation and have the situation to determine if	A	396			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	200	MULTIPLE CONSTRUCTION JILDING		E SURVEY PLETED
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	ROVIDER OR SUPPLIER	ALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
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A 396	other follow-up action intended for the intelliong term plan on the state of the intellion of the state of the intellion of t	ons. House Supervisor K and sciplinary team to identify the see following day (12/1/20). Int #2's treatment plan (nursing vidence of the staff identifying roblems related to Patient #2 to other patients and the sed evidence of any interventions	A 39	96		
	inappropriate sexual grooming (befriendi emotional connectic objective of sexual and the failure of PMHI nursing staff to fully #2's history of "sexual sursing staff missin important significan patient's plan of car	NP L, Social Worker O, and the assess and evaluate Patient all stuff" could result in the g an opportunity to add t safety interventions to the te to prevent potential ctions and/or sexual activity				
	modifications and/o the potential safety following the incide staff found Patient s information in Patie	care plan lacked any radded interventions to ensure of all adolescent patients nt on 11/28/20 at 8:00 PM (when \$6's social media contact nt \$2 shoe) and 11/30/20 at 8:30 and Patient \$6 in Patient \$2's closed doors).		TAG A438 BEGINS HERE		
A 438	CFR(s): 482.24(b) The hospital must r	NTION OF RECORDS maintain a medical record for outpatient. Medical records	A 4	In addition to the Plan of Corr TAGS A144 & A395 provided 3/15/2021 prior to survey exit reviewing the deficiencies cite report, the following action ite implemented:	on , and after ed in this	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	manufactural advisor respectively and a second seco			JMB NO. 0938-0391		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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					TREET ADDRESS, CITY, STATE, ZIP CODE			
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			- We met we discovered glitches in a documentire immediately the issues, opportunities 15-minute and determined using paper the current minute cheek Reporting a Leadership agenda item Meetings, and Governing I - Auditing of conducted a When noncoverification and conducted. 95% complicities and consecutive A schedule auditing of a conduction of consecutive and schedule auditing of a conduction of consecutive and schedule auditing of a consecutive and schedule and schedu		TAG A438 CONTINUED - We met with our IT department and discovered that there were technical glitches in use of the I-Pads when documenting 15 minute checks. IT immediately started working on continuities for appearance of mis 15-minute checks due to IT issues, determined that the hospital would susing paper documentation (which with the current Downtime Form) of the minute checks and patient observat Reporting of Compliance of Monitor Leadership has been added as an agenda item in the Morning Leaders Meetings, QAPI/MEC committees a Governing Board Meetings. - Auditing of the paper Q15s is being conducted on 100% of the patients, When noncompliance is found, a 2 nd verification via cameras may be conducted. Audits will be completed 95% compliance is achieved from 3 consecutive months. A schedule of video monitoring and auditing of Q15 safety checks and umilieu has been established and	NUED IT department and the I-Pads when intere were technical the I-Pads when interested to prevent further opearance of missed due to IT issues, it was the hospital would start the tentation (which was the Form) of the 15-patient observations. Is patient observations. In added as an Morning Leadership of the patients, daily the patients, daily the patients, daily the ce is found, a 2nd the patients of the patients, daily the completed until achieved from 3 st. of monitoring and the patients an		
	the patient, the patier treatment."	g relevant information about it's process, and the results of			implemented.			
	effective 6/12/20, rev and post-date docum	ent time of patient observation						
		The minimum of the			TAG A438 CONTINUED BELOW			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

C

164006

B. WING

03/17/2021

NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH		7	STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
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A 438	Continued From page 51 3. Observation on 3/9/2021 at 1:45 PM in the 300-400 hall revealed: a. Patient #1 returned from the group therapy room at 1:55 PM, and went to their bedroom. b. Patient #1 left their bedroom at 2:12 PM. c. Patient #1 went to the medication window at 3:10 PM. Patient #1 was crying and asked for medication. RN G obtained the medication for Patient #1. Patient #1 became frustrated, shut the medication window, and walked away from the medication window, not wanting the medication. Patient #1 walked to their bedroom and entered their bedroom. d. Patient #1 left their bedroom at 3:27 PM and told the RN F and MHT B that Patient #1 wanted to go outside to smoke. When RN F informed Patient #1 they could not go outside, as the unit only had one MHT working at that time, Patient #1 became upset and verbalized their frustration. Further observations revealed that the nursing staff did not perform safety rounds from 1:42 PM until 3:10 PM. 2. Review of Patient #1's medical record for 3/9/21 between 1:30 PM and 3:30 PM revealed the staff documented the following information regarding Patient #1's location during the safety checks: a. at 1:42 PM, the staff documented Patient #1 was in Patient #1's room, laying/sitting (despite	A 438	- Documentation of Follow Up/Corrective Actions, if any, using Eagle View's disciplinary policy are conducted. Disciplinary actions up to and including termination occurs, if warranted. - When the facility returns to electronic documentation of Q15 Safety Checks, a comparison of the electronic documentation with HCS Analytics Reports will also occur. - The new revision of Policy 1000.17 Levels of Observation, revised 1/28/21, was reviewed and approved through our Quality Assurance/Performance Improvement (QAPI) and Medical Executive (MEC) committees by the QCR. - Level of Observation policy 1000.17 (revised 4/14/21) to include an updated Patient Observation Form (1000.17a), Environmental Unit Rounds policy 1000.5 (revised 4/14/21), 15-minute Check Observation Level Flowsheet Education, and Q15 Commitment Attestation has been created in our organizational compliance program, Healthstream, as the first module of an ongoing training protocol called "Change Week". This first module related to Q15s must be completed by 4/30/21 by all direct care staff. This new ongoing training protocol will ensure up-to-date/ current information and education are being communicated to and completed by all Nursing/MHT staff All education provided during the previously mentioned in-service trainings and throughout this plan of correction has also been added to the new hire orientation, with the current new hire orientation class.	3/26/202 4/14/202	

PRINTED: 04/01/2021

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722				71772021		
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A 438	observations showing therapy room) b. at 2:16 PM, the strict in the dayroom using members being off to on another unit) c. at 3:04 PM, the strict in the dayroom crying showing Patient #11 crying and yelling). d. at 3:20 PM, the stream and yelling and yell	aff documented Patient #1 was g the phone (despite all staff he unit to handle an emergency aff documented Patient #1 was g (despite observations was at the medication window, aff documented Patient #1 as in leeping (despite observations nteracting with staff, demanding g at the nurses' station). W on 3/17/21 at 12:05 PM with ty, Compliance, and Risk ed they reviewed the hospital's ient #1's behavior and verified ation did not match the	A	438	TAG A438 CONTINUED The latest revision (4/14/21) of our Levels of Observation policy 1000.1 will be reviewed and approved ad he by our QAPI and MEC committee meetings. The CEO, QCR, EA, IC/Nurse Educand HRD are responsible for implementing and monitoring the pla of correction for future compliance with the regulations. TAG A438 ENDS HERE	ator	4/16/2021	