A 000 INITIAL COMMENTS

The State Agency (SA), as directed by the Centers for Medicare & Medicaid Services (CMS) Kansas City Location, performed an onsite investigation from 1/27/23 to 1/24/23 to assess compliance with the requirements under 42 CFR 482.12 Condition of Participation (CoP): Governing Body; 42 CFR 482.13 CoP: Patient's Rights; and 42 CFR 482.23 CoP: Nursing Services, for Complaints 109391-C, 109525-C; and Incidents 109166-I, 109367-I, 109847-I, and 110066-I. Incidents # 109166-I, 109367-I, and 109847-I were found to be substantiated with related citations. The hospital was not operating in substantial compliance with the requirements at 42 CFR 482.23, Nursing Services, at 42 CFR 482.12, Governing Body, and at 42 CFR 482.13, Patient's Rights.

The survey team identified an Immediate Jeopardy (IJ) situation during the investigation. The IJ situation was a crisis situation that placed the health and safety of all patients who failed to receive adequate nursing supervision and oversight at risk for opportunities to engage in inappropriate sexual activity or other inappropriate behaviors, self-harm, harm to others or death.

The IJ situation involved the hospital staff’s failure to ensure the hospital staff provided adequate supervision and assessment to patients, by failing to provide adequate supervision resulting in inappropriate sexual activity between adult patients on the adult unit and adolescent patients on adolescent unit.

In response to the IJ situation, the hospital's...
A. BUILDING __________
B. WING __________

NAME OF PROVIDER OR SUPPLIER
EAGLE VIEW BEHAVIORAL HEALTH

STREET ADDRESS, CITY, STATE, ZIP CODE
770 TANGLEFOOT LANE
BETTENDORF, IA 52722

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<tr>
<td>A 043</td>
<td>GOVERNING BODY</td>
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A 000
administrative staff successfully removed the immediacy of the situation by submitting an acceptable plan involving staff training on sexual precautions, and education on the policy prior to the complaint investigation exit date of 1/24/23. The Conditions of Participation for Governing Body (42 CFR 482.12), Nursing Services (42 CFR 482.23), Patient Rights (42 CFR 482.13), remained out of compliance.

A 043
CFR(s): 482.12

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ...

This CONDITION is not met as evidenced by:
I. Based on document review and staff interviews, the Board of Governors failed to:

1. Ensure the nursing staff provided adequate supervision and oversight of patient activities on the adult unit resulting in the failure to identify and prevent patients from engaging in inappropriate sexual behavior. Please refer to A-0395.

2. Ensure the nursing staff provided adequate supervision, assessment, and evaluation of care for patients on the adult unit inpatient behavioral health unit. Please refer to A-0395.

3. Ensure the nursing staff provided adequate
A 043 Continued From page 2
supervision and oversight of patient activities on
the adolescent unit resulting in the failure to
identify and prevent patients from engaging in
inappropriate sexual behavior. Please refer to
A-0395.

4. Ensure the nursing staff provided adequate
supervision, assessment, and evaluation of care
for patients on the adolescent unit inpatient
behavioral health unit. Please refer to A-0395.

The cumulative effect of the systemic failure and
deficient practices resulted in the hospital's
inability to effectively carry out the responsibilities
of the hospital to ensure patients received
appropriate care and treatment in a safe setting
and ensure quality health care provided to
patients. The Hospital's administrative staff
identified a total census of 31 patients at the
beginning of the survey.

A 068 CARE OF PATIENTS - RESPONSIBILITY FOR
CARE
CFR(s): 482.12(c)(4)

[...the governing body must ensure that the
following requirements are met:] A doctor of medicine or osteopathy is responsible
for the care of each Medicare patient with respect
to any medical or psychiatric problem that--
(i) Is present on admission or develops during
hospitalization; and
(ii) Is not specifically within the scope of practice
of a doctor of dental surgery, dental medicine,
podiatric medicine, or optometry; a chiropractor;
or clinical psychologist, as that scope is--
(A) Defined by the medical staff;
### Statement of Deficiencies

#### Full Regulatory or LSC Identifying Information

<table>
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<tr>
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<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
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**A 068**

(B) Permitted by State law; and

(C) Limited, under paragraph (c)(1)(v) of this section, with respect to chiropractors.

This STANDARD is not met as evidenced by:

Based on document review, staff interviews, and video surveillance review the Hospital Administrative staff failed to ensure the hospital staff were sufficiently trained in observations and precautions to provide adequate supervision and oversight of patient activities.

Findings include:

Based on document review, staff interviews, and video surveillance review the Hospital Administrative staff failed to ensure the hospital had adequate training on sexually acting precautions and level of observation with adequate supervision resulted in the nursing staff failing to identify and prevent patient from engaging in inappropriate sexual behavior and could potentially also result in self-harm, harm to others and death to the patient. The Hospital Administrative Staff identified a current census of 15 patients on the adult unit at the beginning of the survey. The Hospital Administrative Staff identified a census of 16 on the adolescent unit at the beginning of the survey.

1. Review of the policy 1000.23, "Sexually Acting Out Status" approved by the Governing Board on June 12th 2020, states under Procedure, #4, states "SAO precautions will be addressed on the Treatment Plan", and # 8. Documentation, a., states "Treatment plan entry made and dated documenting the patients change in status ..." made a for Patient # 1, based on review.
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<tr>
<td>A 068</td>
<td>Continued From page 4 treatment plan in the chart, no documentation of his sexually acting was included on the treatment plan.</td>
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<td>2.</td>
<td>Review of the policy 1000.23, &quot;Sexually Acting Out Status&quot; approved by the Governing Board on June 12th 2020, states under Procedure, # 5. &quot;The patient may be placed on a higher level of observation if determined to be at risk for sexual acting out behavior.&quot;, based on chart review of Patient #1. Patient #1 remained on every 15-minute checks, when documentation in the medical record indicated an escalation of sexually acting out behavior.</td>
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<td>3.</td>
<td>During an interview with Nurse B it was stated that Nurse B &quot;did not know what the Sexually Acting Out Precautions were. Nurse B has not had training on precautions and can't say what the SAO precautions would be&quot;.</td>
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<td>4.</td>
<td>During an interview with Nurse C, it was stated, that when Patient #1 was acting inappropriate, staff would separate Patient #1 to unit 600, were Patient #1 would be separated from the other patients. Then staff were told by administration to return Patient #1 back to unit 500 back around other patients again, Patient #1 would return to unit 500 and back on 15 minute checks, &quot;if Administration would have only listened to us, when we removed Patient #1 from the unit to 600, when Patient #1 was inappropriately sexually acting out, staff thought he should be more closely monitored or be isolated, Patient #1 behavior was very inappropriate&quot;.</td>
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<td>5.</td>
<td>During an interview with MHT D *knew this was going to happen eventually. Patient #1 would act out, staff would put him on 600 then</td>
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A. BUILDING ______________________
(X3) DATE SURVEY COMPLETED
B. WING
01/24/2023

NAME OF PROVIDER OR SUPPLIER
EAGLE VIEW BEHAVIORAL HEALTH

STREET ADDRESS, CITY, STATE, ZIP CODE
770 TANGLEFOOT LANE
BETTENDORF, IA 52722

164006

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
C
01/24/2023

A.068 Continued From page 5
Administration would make us bring him back to
500 and Patient #1 had no extra precautions in
place”. MHT D stated “I am concerned about how
we are handling some of these situations”.

6. A review of the Police report revealed, Patient
# 1 was arrested and removed from the Eagle
View facility, for Patient # 3 and Patient # 4
charged with indecent exposure, assault with
intent to commit sex abuse, and an additional
charge with Patient # 3 of 3rd degree sexual
abuse.

7. During an interview with Nurse E stated during
a group session on the adolescent unit Nurse E
learned from patients there has been a patient
that was crossing boundaries and inappropriately
touching other patients. That patient was
identified as Patient #2. After the group
discussion Nurse E had a discussion with Patient
#2 and confessed to having inappropriately
touching other females. Specifics on this was
grabbing Patient # 5’s breast. Patient # 7
wrapped arms around Patient # 7’s waist, and
had attempted to get in the shower with Patient #
7, both dressed. Patient #6 was pulled into the
bed by Patient #2, and grabbed Patient # 6’s
breast.

A.115 PATIENT RIGHTS
CFR(s): 482.13

A hospital must protect and promote each
patient’s rights.

This CONDITION is not met as evidenced by:
The patient has the right to receive care in a safe
setting, see A-0144. Based on document review,
staff interviews, and video surveillance the
hospital administrative staff failed to ensure that patients have a right to care in a safe setting by evidence of female patients having been sexually assaulted.

The hospital failed to ensure behavioral health patients received care in a safe setting without possible abuse from other patients. Please see A-0144.

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A 144 PATIENT RIGHTS: CARE IN SAFE SETTING

The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by:

During the investigation of complaints and, the on-site survey team identified an Immediate Jeopardy (IJ) situation (a crisis situation that placed the health and safety of patients at risk) related to the Condition of Participation for Patient Rights (CFR 482.13). The hospital failed to provide adequate nursing supervision and oversight of patient activities.

1. While on-site, the survey team identified an Immediate Jeopardy (IJ) situation and notified the administrative staff on 12/28/22 at 1:00 P.M. The hospital staff acted and removed the immediacy of the situation prior to the survey team exiting the complaint investigation when the hospital administrative staff took the following steps:

2. Provided reeducation of all staff on each of the policy on Sexually Acting Out Precautions changes prior to their next scheduled shift.

3. Provided education to all RN's, MHT's, House
### Summary Statement of Deficiencies

The following Condition level deficiency remained for the Condition of Participation for Patient Rights (42 CFR 482.13).

Based on document review, staff interviews, and video surveillance review the Hospital Administrative staff failed to ensure the hospital had adequate training on sexually acting precautions and level of observation with adequate supervision resulted in the nursing staff failing to identify and prevent patient from engaging in inappropriate sexual behavior and could potentially also result in self-harm, harm to others and death to the patient. The Hospital Administrative Staff identified a current census of 15 patients on the adult unit at the beginning of the survey. The Hospital Administrative Staff identified a census of 16 on the adolescent unit at the beginning of the survey.

### Findings:

1. Review of the policy 1000.23, "Sexually Acting Out Status" approved by the Governing Board on June 12th 2020, states under Procedure, #4, states "SAO precautions will be addressed on the Treatment Plan", and # 8. Documentation, a., states "Treatment plan entry made and dated documenting the patients change in status ..." made a for Patient # 1, based on review treatment plan in the chart, no documentation of his sexually acting was included on the treatment plan.

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**Table: Provider's Plan of Correction**

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Continued From page 7

Supervisors, on the sexually acting out precaution policies, staffing expectations, and reassessment/documentation expectations.

The following Condition level deficiency remained for the Condition of Participation for Patient Rights (42 CFR 482.13).
## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 164006

**Date Survey Completed:** 01/24/2023

### Name of Provider or Supplier

**Eagle View Behavioral Health**

**Street Address, City, State, Zip Code:**

770 Tanglefoot Lane
Bettendorf, IA 52722

### Summary Statement of Deficiencies

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2. Review of the policy 1000.23, "Sexually Acting Out Status" approved by the Governing Board on June 12th 2020, states under Procedure, # 5. "The patient may be placed on a higher level of observation if determined to be at risk for sexual acting out behavior.", based on chart review of Patient #1, Patient #1 remained on every 15-minute checks, when documentation in the medical record indicated an escalation of sexually acting out behavior.

3. During an interview with Nurse C, it was stated, that when Patient #1 was acting inappropriate, staff would separate Patient #1 to unit 600, were Patient #1 would be separated from the other patients. Then staff were told by administration to return Patient #1 back to unit 500 back around other patients again, Patient #1 would return to unit 500 and back on 15 minute checks, "if Administration would have only listened to us, when we removed Patient #1 from the unit to 600, when Patient #1 was inappropriately sexually acting out, staff thought he should be more closely monitored or be isolated, Patient #1 behavior was very inappropriate".

4. During an interview with MHT D "knew this was going to happen eventually. Patient #1 would act out; staff would put him on 600 then Administration would make us bring him back to 500 and Patient #1 had no extra precautions in place". MHT D stated "I am concerned about how we are handling some of these situations".

5. A review of the Police report revealed, Patient #1 was arrested and removed from the Eagle View facility, for Patient #3 and Patient #4 charged with indecent exposure, assault with
A 144 Continued From page 9
intent to commit sex abuse, and an additional
charge with Patient #3 of 3rd degree sexual
abuse.

6. During an interview with Nurse E stated during
during a group session on the adolescent unit Nurse E
learned from patients there has been a patient
that was crossing boundaries and inappropriately
touching other patients. That patient was
identified as Patient #2. After the group
discussion Nurse E had a discussion with Patient
#2 and confessed to having inappropriately
touching other females. Specifics on this was
grabbing Patient # 5's breast. Patient # 7
wrapped arms around Patient # 7's waist, and
had attempted to get in the shower with Patient #
7, both dressed. Patient #6 was pulled into the
bed by Patient #2, and grabbed Patient # 6's
breast.

7. A review of the Patient Handbook under Patient
Rights, To Be Free states 'have right to be free
from mental, physical, sexual and verbal abuse
...''

8. A review of the Police report revealed, Patient
# 1 was arrested and removed from the Eagle
View facility, for Patient # 3 and Patient #4
charged with indecent exposure, assault with
intent to commit sex abuse, and an additional
charge with Patient #3 of 3rd degree sexual
abuse.

A 385 NURSING SERVICES
CFR(s): 482.23

The hospital must have an organized nursing
service that provides 24-hour nursing services.
The nursing services must be furnished or
A 385 Continued From page 10

supervised by a registered nurse.

This CONDITION is not met as evidenced by:
1. Ensure the nursing staff provided adequate supervision and oversight of patient activities on the child and adolescent unit. Please refer to A-0395.

2. Ensure the nursing staff provided adequate supervision, assessment, and evaluation of care to patients on the adult and adolescent units. Please refer to A-0395.

The cumulative effect of these failures and deficient practices resulted in the hospital’s inability to provide adequate patient care and supervision for adolescents, and adults, which resulted in adolescents and adults engaging in inappropriate sexual behaviors, and could potentially result in self-harm, harm to others and death to the patient. The hospital administrative staff identified a census of 31 patients on entrance.

A 395 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:
Based on document review, staff interviews, and video surveillance review the Hospital Administrative staff failed to ensure the hospital had adequate training on sexually acting precautions and level of observation with adequate supervision resulted in the nursing staff failing to identify and prevent patient from
### Findings include:

   states "SAO precautions will be addressed on the Treatment Plan", and # 8. Documentation, a.,
   states "Treatment plan entry made and dated documenting the patients change in status ...
   made a for Patient # 1, based on review treatment plan in the chart, no documentation of his sexually acting was included on the treatment plan.

2. Review of the policy 1000.23, "Sexually Acting Out Status" approved by the Governing Board on June 12th 2020, states under Procedure, # 5.
   "The patient may be placed on a higher level of observation if determined to be at risk for sexual acting out behavior.", based on chart review of Patient #1, Patient # 1 remained on every 15-minute checks, when documentation in the medical record indicated an escalation of sexually acting out behavior.

3. During an interview with Nurse B it was stated that Nurse B "did not know what the Sexually Acting Out Precautions were. Nurse B has not had training on precautions and can't say what the SAO precautions would be".

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**Summary Statement of Deficiencies**

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<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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**Event ID:** CKZ11

**Facility ID:** IA0120

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**If continuation sheet** Page 12 of 14
Continued From page 12

4. During an interview with Nurse C, it was stated, that when Patient #1 was acting inappropriate, staff would separate Patient #1 to unit 600, were Patient #1 would be separated from the other patients. Then staff were told by administration to return Patient #1 back to unit 500 back around other patients again, Patient #1 would return to unit 500 and back on 15 minute checks, "if Administration would have only listened to us, when we removed Patient #1 from the unit to 600, when Patient #1 was inappropriately sexually acting out, staff thought he should be more closely monitored or be isolated, Patient #1 behavior was very inappropriate”.

5. During an interview with MHT D "knew this was going to happen eventually. Patient #1 would act out, staff would put him on 600 then Administration would make us bring him back to 500 and Patient #1 had no extra precautions in place". MHT D stated "I am concerned about how we are handling some of these situations".

6. During an interview with Nurse E stated during a group session on the adolescent unit Nurse E learned from patients there has been a patient that was crossing boundaries and inappropriately touching other patients. That patient was identified as Patient #2. After the group discussion Nurse E had a discussion with Patient #2 and confessed to having inappropriately touching other females. Specifics on this was grabbing Patient #5's breast. Patient #7 wrapped arms around Patient #7's waist, and had attempted to get in the shower with Patient #7, both dressed. Patient #6 was pulled into the bed by Patient #2, and grabbed Patient #6's breast.
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

164006

**Multiple Construction B. Wing:**

01/24/2023

**Name of Provider or Supplier:**

Eagle View Behavioral Health

**Street Address, City, State, Zip Code:**

770 Tanglefoot Lane
Bettendorf, IA 52722

**Summary Statement of Deficiencies**

(Each deficiency must be preceded by full regulatory or LSC identifying information)

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**Provider's Plan of Correction**

(Each corrective action should be cross-referenced to the appropriate deficiency)

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**Completion Date:**

01/24/2023