

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

PRINTED: 03/31/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 000	<p>INITIAL COMMENTS</p> <p>The State Agency (SA), as directed by the Centers for Medicare & Medicaid Services (CMS) Kansas City Location, performed an onsite investigation from 12/7/23 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.</p> <p>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.</p> <p>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.</p> <p>In response to the IJ situation, the hospital's</p>	A 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 000	Continued From page 1 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 000			
A 043	GOVERNING BODY 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: 1. 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			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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 043			
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;	A 068			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 068	<p>Continued From page 3</p> <p>(B) Permitted by State law; and (C) Limited, under paragraph (c)(1)(v) of this section, with respect to chiropractors.</p> <p>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.</p> <p>Findings include:</p> <p>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.</p> <p>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</p>	A 068			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 068	<p>Continued From page 4</p> <p>treatment plan in the chart, no documentation of his sexually acting was included on the treatment plan.</p> <p>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.</p> <p>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".</p> <p>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" .</p> <p>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</p>	A 068			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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 068			
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	A 115			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 115	Continued From page 6 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.	A 115			
A 144	<p>The hospital failed to ensure behavioral health patients received care in a safe setting without possible abuse from other patients. Please see A-0144.</p> <p>PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2)</p> <p>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.</p> <p>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:</p> <p>2. Provided reeducation of all staff on each of the policy on Sexually Acting Out Precautions changes prior to their next scheduled shift.</p> <p>3. Provided education to all RN's, MHT's, House</p>	A 144			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 144	<p>Continued From page 7</p> <p>Supervisors, on the sexually acting out precaution policies, staffing expectations, and reassessment/documentation expectations.</p> <p>The following Condition level deficiency remained for the Condition of Participation for Patient Rights (42 CFR 482.13).</p> <p>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.</p> <p>Findings:</p> <p>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.</p>	A 144			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 144	<p>Continued From page 8</p> <p>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.</p> <p>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" .</p> <p>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".</p> <p>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</p>	A 144			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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 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 144			
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			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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 385			
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	A 395			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 395	<p>Continued From page 11</p> <p>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.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 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. 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". 	A 395			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 395	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.	A 395			

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

PRINTED: 03/31/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 164006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER EAGLE VIEW BEHAVIORAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 770 TANGLEFOOT LANE BETTENDORF, IA 52722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE