Credible Allegation 7/1/22
Date of Correction 7/12/22

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MED CAID SERVICES

PRINTED: 07/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	164007	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLIVE BEHAVIORAL HEALTH	1450 NW 114TH STREET CLIVE, IA 50325

(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	INITIAL COMMENTS As directed by the Centers for Medicare & Medicaid Services (CMS), the State Agency (SA) team performed unannounced survey for complaints (#105224-C, #105292-C, #105335-C, #105336-C, #105337-C, #105420-C) from 6/30/22 to 7/13/22. The survey team investigated the Conditions of Participation for Patient's Rights (42 CFR 482.13), Nursing Services (42 CFR 482.23), Infection Prevention and Control and Antibiotic Stewardship (42 CFR 482.42), Governing Body (42 CFR 482.12), and the Condition of Participation for special conditions applying to psychiatric hospitals (42 CFR 482.60), substantiated. The survey team did identified the following standard level deficiency.	A 000		
A 144	PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2) The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based on observation, document review, and staff interview, the hospital's administrative staff failed to ensure repair was completed on all patient care toilets after 1 of 1 patients (Patient #1) disassembled a toilet lid and ingested a bolt from the toilet. Failure to ensure all toilets were repaired resulted in patients having access to toilets that could be disassembled which could possibly cause harm to a patient. The hospital identified a census of 43 patients on entrance. Findings include: 1. Review of Patient #1's medical record revealed:	A 144	Plan of Correction: Director of Plant Operations identified that there are 72 toilets accessible by patients throughout the entire facility. Lock nuts were added to the toilet seats to secure and to prevent any toilet seats from being able to be loosened. Toilet bolt covers were installed, and caps were super glued on. Director of Plant Ops confirmed that on 7/12/2022 that all 72 toilets have been fixed. Monitoring Plan: Environmental Services (EVS) will conduct daily checks on all toilets when conducting their daily cleaning rounds; any deficiencies will be reported to Director of Plant Operations and addressed immediately. Checking status of the toilet seats was added to the	7/12/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 8/2/22

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 144	Continued From page 1 a. On 6/2/22 at approximately 5:00 AM, Patient #1 was admitted with a history of borderline personality disorder, factitious disorder (serious mental disorder in which someone deceives others by appearing sick, by purposely getting sick or self injury), foreign body ingestions, and chronic suicidality. b. On 6/6/22 at 1:15 PM, Patient #1 stated that they had swallowed several bolts which they had removed from a hall toilet seat. On 6/6/22 at 2:30 PM, Patient #1 was transferred to the Emergency Department for evaluation. 2. During an interview on 7/12/22 at 11:20 AM, the Director of Plant Operations explained how the hospital had fixed the toilets so that no other patient could dismantle a toilet lid and potentially ingest a bolt. 3. Observations during an inpatient tour with the Director of Plant Operations on 7/12/22 at approximately 11:30 AM revealed a patient care toilet that had not been fixed. The Director of Plant Operations explained that they had immediately fixed the toilet in Patient #1's room and the hall toilet where the event had occurred, but they had not fixed any of the 70 other toilets that were accessible by patients. 4. During an interview on 7/12/22 at 2:15 PM, the Director of Risk Management confirmed the hospital had failed to fix all the toilets that were accessible to patients, and acknowledged it could be a potential safety risk for a patient.	A 144	monthly environment of care rounding inspection and will be reported through EOC/Safety Committee. Responsible: Director of Plant Ops	