

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

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PRINTED: 03/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/22/2024
NAME OF PROVIDER OR SUPPLIER COURAGE HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 5945 MORNINGSIDE AVENUE SIOUX CITY, IA 51106		
(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	
W 000	INITIAL COMMENTS	W 000	See Attachment POC 3/22/24		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to complete an injury report and investigate the allegation of abuse in accordance with facility policy. This affected Client #3 in investigation #119034-A. Finding follows: Record review on 2/19/24 revealed a statement of alleged abuse, dated 10/26/23, indicated Direct Support Professional (DSP) A grabbed Client #3's hands and held them tightly on the table at lunch. DSP B told DSP A to let go. When he did, she saw fingermarks on Client #3's arms. The facility's Injury Reports Policy, dated 11/2005, directed staff to immediately complete injury reports on all suspected injuries. The report should include those involved and circumstances surrounding the occurrence, and assessment by nursing. The Qualified Intellectual Disability Professional or designee should start an investigation upon receiving the report. Documentation of the investigation should include names, dates, and times of contacts - completed within five working days. The facility's Dependent Adult Abuse Policy dated	W 149			

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.

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W 149	Continued From page 1 8/2/17 directed the administrator to immediately initiate an investigation upon the receipt of an alleged incident of abuse - completed within five working days. Additional record review on 2/20/24 failed to reveal an injury report, a nursing assessment, and an investigation for Client #3 on 10/26/23. When interviewed on 2/20/24 at 10:55 a.m., the Intermediate Care Facilities Administrator confirmed the facility failed to follow facility policies.	W 149			
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to immediately report allegations of abuse or mistreatment in accordance with facility policy. This affected 1 of 5 sample Clients (Client #3) involved in investigation #119034-A. Finding follows: Record review on 2/19/24 revealed an alleged abuse statement, dated 10/26/23, indicated Client #3 refused to eat lunch and hit his head. Direct Support Professional (DSP) A grabbed Client #3's hands and held them tightly on the table at lunch. DSP B told DSP A to let go. When he did, she saw fingermarks on Client #3's arms.	W 153			

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W 153	<p>Continued From page 2</p> <p>Client #3's facesheet noted he was a 26-year-old male with diagnoses including intellectual disability, attention deficit hyperactive disorder, Autism, blind, infantile cerebral palsy, mood disorder, anxiety disorder and seizures.</p> <p>The facility's Dependent Adult Abuse Policy indicated the facility would immediately report incidents of abuse directly to the Department of Inspections and Appeals.</p> <p>When interviewed on 2/20/24 at 10:55 a.m., the Intermediate Care Facilities Administrator confirmed she received the report and failed to report to the Department as required.</p>	W 153			

March 15, 2024

Courage Homes

5945 Morningside Ave

Sioux City, IA 51106

Provider Number 16G017

Please accept this Plan of Correction:

W-149 Mid-Step Services' Injury Reporting Policy & Procedure will be reviewed with all direct care & nursing staff upon receipt of deficiency. These policies & procedures will be reviewed at least quarterly with all staff.

Responsible: All staff

Frequency: On-going

Target: March 22, 2024

W-153 Mid-Step Services will continue to require completion of the Mandatory Reporting requirements and the Child and Dependent Adult Abuse Policy in new staff initial orientation, in the house orientation packets and at least quarterly in staff meetings. Mid Step Services also will follow the Policy of Injury Reports of unknown origins to notify administrative staff and begin an investigation. Brightly colored signs are posted at Courage Home's time clock, at each nurse's station and each break room to notify all staff of an administrative staff to make the report of allegations to. There is also a checklist created for the Administrative Staff conducting the investigation to help ensure proper procedure is followed for separation, interview and notifications.

Responsible: All Administrative Staff

Frequency: On-going

Target: March 18, 2024 (Upon receipt)

Mid-Step Services has also developed an ICF/ID reporting and investigation protocol to continue to ensure all allegations of mistreatment, neglect or abuse are reported and investigated.

Responsible: All Administrative Staff

Frequency: On-going

Target: March 18, 2024 (Upon receipt)

Traci Llanos, Administrator

3/15/2024