IOWA Department of HUMAN SERVICES

Glenwood Resource Center (GRC)
Actions and Improvement
As of January 13, 2021

The following is a high-level summary of actions and improvements at the Glenwood Resource Center following the notification from the Department of Justice (DOJ) of an investigation into the State Resource Centers.

Leadership, Communication and Consistency
- Hired a new Superintendent with intermediate care facilities for individuals with intellectual disability (ICF/ID) experience to oversee both State Resource Centers.
- Routine staff town halls to share concerns.
- Monthly parent/guardian town halls to share concerns and information.
- Revised the Administrator on Duty structure and protocol to ensure a higher-level leadership role is in charge after hours and on weekends.
- Revised supervisory schedules to provide more support in the evenings and on weekends.

Staffing Concerns
- Direct contact with applicants versus email, etc., to eliminate delays in response, interview and subsequent hire.
- Interviews conducted weekly instead of bi-weekly to increase the rate of hire.
- Holding new employee orientation more often to ensure staff competency and availability sooner.
- Increased amount of training overall (from 10 days to 21 days).
- Entered into contractual agreements with staffing agencies to augment state employee staffing.
- Ensuring more training and routine follow-up when an issue arises.
  - For example, all staff were recognizing, preventing and reporting abuse and neglect. When incidents arise in an investigation, a system is in place to monitor to ensure appropriate follow-up (e.g. re-training, corrective action) occurs.
- Scheduling to ensure consistent staff in homes, which results in better care overall.
- House consolidations were completed to ensure staff efficiency and better care overall.

Lack of Policy and Direction
- Reviewed all GRC policies to ensure consistency with state and federal requirements but also with WRC. Policy revisions include:
  - How we monitor your loved one in the homes.
  - Ensuring timely emergent medical care.
  - Ensuring adequate safety measures when utilizing lifts, etc.
  - How to amend records within the medical record but ensure overall accuracy and integrity.
- Reduced number of GRC policies to ensure staff compliance and a reduction in confusion.
- Policies available for regular review or citation by staff. This ensure individual safety at the SRCs.
- Developed a statewide DHS facility research policy to ensure research conducted is ethically appropriate and systematically approved. The new policy strictly defines the core principles and practices for requesting, conducting and monitoring research.

Use of Restraint
- Implemented Mandt training as GRC's behavior intervention technique to replace GRC's homegrown behavior intervention system relying heavily on restraint, particularly restraint on the ground (supine).
  - Mandt relies on relationship building, prevention, and intervention techniques.
- Continued review of restraint usage and process.
  - Significantly reduced the number of physical restraints used to manage individual resident behavior from 35-50 per month down to a current average of 7.4 per month over the period of July 15, 2020, to December 15, 2020.

Medical Care
- Hired interim Medical Director to oversee medical staff and care.
- Hired permanent Administrator of Nursing to help set standard direction in nursing care.
- Daily medical meeting now includes multiple disciplines to ensure totality of care.
- Contractual agreements with UIHC for weekly case consultation and medical staff peer review.
- Working with UIHC to develop a relationship and contract for a permanent Medical Director.

Continued Compliance
- Contract with Dr. Mark Diorio related to SRC operations.
- Contract with UIHC for medical care, peer review, etc.
- CMS oversight led to indication of no deficiencies in February 2020.
- Department of Inspections and Appeals (DIA) investigations and oversight: Received full licensure as of December 4, 2020, after having conditional license for the past year.