

**Iowa Department of Inspections and Appeals**  
**Health Facilities Division**  
**Citation**

Number 6206		Fine amount reduced by 35% to \$5,200.00 on August 26, 2016 pursuant to Iowa Code Section 135C.43A	Report Date July 20, 2016	
Facility Name REM Iowa Birch Cottage		Survey Dates June 27-29, 2016		
Facility Address 29 East Street		61024-1		
City Shelby IA, 51570				
Rule or Code	Nature of Violation	Class	Fine Amount	Correction Date
64.60	<p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319.</p> <p><b>Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, "Fining and Citations," to enforce a fine to cite a facility.</b></p> <p><b>This rule is intended to implement Iowa Code Section 135C.2(3).</b></p> <p><b>DESCRIPTION:</b></p> <p><b>483.410 Governing Body and Management</b>  <b>The facility must ensure that specific governing body and management requirements are met.</b></p> <p>Based on observations, interviews and record reviews, the facility failed to be in substantial compliance with the Condition of Participation (COP) - Governing Body and Management. The governing body failed to take action that identified, addressed and/or resolved problems of a serious and recurrent nature, which directly impacted a client's safety and well-being. This pertained to 1 client (Client #1) identified in investigation #61024-1. Findings follow:</p> <p>1. The Governing Body failed to consistently develop, monitor and revise policies and direction to provide for clients' safety.</p>		\$8000.00	Upon Receipt
W102				

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W104	<p>See W104</p> <p><b>483. 410(a)(1)Governing Body</b>  <b>The governing body must exercise general policy, budget, and operating direction over the facility.</b></p> <p>Based on observation, interviews and record review the facility failed to develop policies and monitor condition of equipment required to provide safety for 1 client (Client #1) identified in investigation #61024-1. The involved staff also failed to follow facility policy. Findings follow:</p> <p>Record review on 6/27/16 revealed a facility investigation initiated on 6/2/16 completed by the Program Director (PD). The document contained interviews of all persons involved and documented the following: "On Thursday morning 6/2/16, (Client #1) had an unobserved elopement from Birch. (Client #1) was last observed by the facility staff at 5:00 a.m. and they were informed that (he/she) was at the Corn Crib at approximately 5:30 am. The police returned (Client #1) to the facility around 6:00 am. The door alarms in Birch were not turned on at the time of (Client #1's) elopement. (Client #1) had no injuries as a result of this incident. Law enforcement was involved in locating and returning (Client #1) to the facility." "A door alarm inspection/tracking sheet is being implemented for Birch staff to ensure that all alarms are on and functioning."</p> <p>According to Client #1's Individual Information Sheet he/she was 55 years old with the following diagnoses: Schizophrenia with paranoia, depression, hypertension and hyperlipidemia. The information sheet included independent mobility and physical and verbal aggression along with history of elopement.</p> <p>According to his/her Plan of Care (POC) completed on 3/4/16 Client #1 lived at Birch since 2/1/2013. The POC</p>			

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	<p>also identified priority needs of aggression, elopement, eating at an appropriate pace and laundry skills. The safety plan assessed the client's community awareness and identified the following: "Staff will assist (Client #1) to remain safe while in the community. (Client #1) will understand stranger danger while out in the community. (Client #1) will be assisted in when to cross the street/parking lot." The POC stated the review was completed by the PD with the summary completed by the Qualified Intellectual Disability Professional (QIDP).</p> <p>Record review on 6/27/16 revealed an Individual Incident Report completed 6/2/16 at 5:32 a.m. The report, completed by the QIDP stated he completed the 5:30 a.m. bed check and could not find Client #1. He searched the house and area and called the dispatcher. The dispatcher later called to report Client #1 was located at the Corn Crib (a local restaurant) and he/she would be returned by the authorities.</p> <p>The report documented Client #1 did not receive any injuries during the elopement. It also stated the QIDP contacted the PD at 11:00 a.m. The PD wrote QIDP "admitted the alarms were not on and should have been. Follow up with staff and training to occur regarding this. Alarm tracking sheet to be implemented at this program."</p> <p>Observation on 6/27/16 at 1:00 p.m. revealed alarm devices on all three exits doors of the facility. The west door contained a 5 inch by 3 inch white rectangular box on the outer edge of the door. A small 1/2 inch by 1 inch device aligned to the frame of the door. The alarm rang when the door opened. The south door contained the same alarm system and rang when the door opened. Each of these two devices had a sliding lever which easily disarmed the device when moved to the right. The north door contained a 3 inch by 1 inch white device on the door with a smaller plastic piece on the door frame. The right</p>			

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	<p>side of the large piece contained a small slide to easily disengage the alarm. During observation this alarm also rang when the door opened.</p> <p>Observation of the area on 6/27/16 at 3:00 p.m. revealed a paved driveway at the facility leading to the blacktop. The blacktop speed limit was posted at 35 miles per hour (mph). Across the blacktop approximately 500 yards from the Birch home was the Corn Crib restaurant. The ditches between the two buildings were mowed without large holes/rivers or lakes. Approximately 1/4 mile further south was Interstate 80 with a speed limit of 70 mph.</p> <p>Observation on 6/28/16 from 6:00 a.m.- 6:35 a.m. revealed 8 cars and a semi-truck on the blacktop.</p> <p>According to the Consumer Bed Checks for the night of 6/1/16 - 6/2/16 QIDP documented Client #1 as sleeping at 5:00 a.m. and awake at 5:30 a.m.</p> <p>When interviewed on 6/27/16 at 11:30 a.m., the PD confirmed two clients required door alarms for history of elopement. She explained the QIDP worked the night shift on 6/1/16-6/2/16. The QIDP went to the kitchen to prepare lunches and when the QIDP completed the 5:30 a.m. check Client #1 was gone. The QIDP searched the house and area and did not find the client. He called 911. The client was located at a nearby restaurant and returned.</p> <p>The PD denied being notified of problems with the alarms. She denied knowledge of clients turning the alarms off. She denied having a policy for the use of the alarms, routine monitoring of the alarms or direction for staff if problems arose. She denied initiation of a monitoring inspection sheet since the incident occurred 25 days prior. She confirmed Client #1 would not be safe in the community alone.</p>			

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	<p>She said this was the only time Client #1 left the building unattended, usually he/she would threaten to leave or walk out the door with staff. He/she would walk around and return with staff. She denied any other clients eloping from the facility. She stated the QIDP did not notify her of the elopement until approximately 9:30 a.m. when he was leaving work. She confirmed the policy stated notification within an hour of the elopement.</p> <p>Record review on 6/27/16 revealed Client #1's Individual Program Plan (IPP). The goal addressed reducing acts of elopement. The plan included use of door alarms stating, "Alarms on all exits of the home that will notify staff that the door has been opened." Additional information on the IPP stated (Client #1) "has a history of eloping and turning the alarms off."</p> <p>Interview by phone with the QIDP on 6/27/16 at 12:10 p.m. revealed he no longer worked at the facility. He stated Client #1 was up and in his/her room prior to 5:30 a.m. The QIDP went to the kitchen to prepare lunches and did not hear any noise. He completed the 5:30 a.m. check and could not find Client #1. He looked around the house and area and called 911. The client was located at the Corn Crib and returned by 6:05 a.m. He thought the alarms were on, but confirmed all of the alarms were off at the time. He stated the alarms were on for the 2-10 shift, because he had worked that shift also. He denied turning the alarms off. He explained Client #1 turned off the alarms in the past, by sliding the lever to the right. When he would see Client #1 turn off the alarm he (the QIDP) would just turn it back on. He denied anyone entering the house and turning the alarms off. He explained he had talked to the PD about an alarm system that clients couldn't disengage. He denied any inspection/monitoring of the alarms.</p>			

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	<p>When interviewed on 6/27/16 at 3:30 p.m. Direct Support Professional (DSP) A confirmed she worked the p.m. shift with QIDP on 6/1/16. She stated the alarms were on during that shift. She explained Client #1 knew how to turn off the alarms and at times would rip the whole assembly off the door. She said she turns the alarms back on or put the assembly back on the door when this would occur. She denied any monitoring/checking sheet or log to routinely check the status of the alarms. She stated she had notified the PD in the past about Client #1 turning off the alarms.</p> <p>Interview with DSP B on 6/27/16 at 2:00 p.m. revealed she had worked at Birch for over a year. She stated Client #1 turned off the alarms and "messed with them" since she started there. She stated "The most we can do is turn them back on." She also stated another client kicks the door and the assembly falls off. The maintenance man replaces it or the staff fix it. She had told the QIDP about Client #1 shutting off the alarms. She denied a routine check of the status of the alarms.</p> <p>When interviewed on 6/27/16 at 3:45 p.m. DSP C admitted Client #1 shut the alarms off "if (he/she) was tired of listening to them." The client would also destroy the alarms in the past. She stated she was trained to make sure the alarms were on when you came to work every day, but denied a monitoring sheet for routine checking. She stated the on call was to be notified if a client went missing.</p> <p>Interview with DSP D 6/27/16 at 4:00 p.m. confirmed she had seen Client #1 turn off the alarms. She was not aware of any routine check of the alarms.</p> <p>When interviewed on 6/27/16 at 4:35 p.m. DSP E explained Client #1 took down the door alarm in the past and broke it. She stated he/she had also tore off the small</p>			

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	<p>part of the device and lost it once. She denied any routine monitoring. She did not think Client #1 would be safe alone in the community.</p> <p>Interview with the maintenance man 6/28/16 at 10:00 a.m. confirmed he would be notified of the alarms not working properly. He stated usually it would be the batteries. He was notified by a maintenance log that the staff wrote the problem in. He denied completing routine checks on the condition of the alarms. He admitted the present door alarms could be easily shut off.</p> <p>The owner of the Corn Crib restaurant interviewed on 6/27/16 at 2:45 p.m. confirmed he went to the restaurant after he received a call from his staff about 5:30 a.m. The staff gave Client #1 a donut and Client #1 served him/herself a pop. Client #1 wore casual clothes, shoes and socks. The Pottawattamie County officer arrived and took Client #1 back to the facility.</p> <p>Record review on 6/28/16 revealed a Service Agreement signed by Client #1's guardian. The Service agreement included Individual Rights Statement. The list of rights included: the right to a safe and sanitary living environment.</p> <p>Observation on 6/28/16 at 8:10 a.m. revealed the south entrance door alarm failed to ring as the door was opened by the surveyor. DSP B commented that the door "must not have been shut completely". "It has to line up for it to chime" she added. The surveyor closed the door completely and the alarm rang as the door reopened.</p> <p>Record review revealed Client #1's Comprehensive Functional Assessment (CFA) completed 3/3/16. The assessment indicated he/she could not complete the following community living skills: makes a shopping list, selects items on a shopping list, selects items for</p>			

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	<p>purchase, makes purchases at the store, stays within budget when shopping, knows where to purchase items, uses banking facilities/business office, budgets money, can make change for a dollar, exchanges money for desired object, places correct amount of money in vending machine. The CFA also identified "has a history of elopement."</p> <p>Review of facility policy/procedures on 6/28/16 revealed a Missing Persons Policy, last revised 1/1/15. The policy stated "Whenever possible, the program director or on-call program director shall be (be) contacted by supervisory personnel within one hour after the individual is discovered missing."</p> <p>In summary, the facility failed to provide the involved client with the safety devices required to keep him/her safe. All three alarms were off when the client left. According to Client #1's IPP the alarms were part of his/her plan of care.</p> <p>The facility failed to have a policy/procedure regarding alarms for staff direction.</p> <p>The facility failed to routinely monitor the devices. After the elopement an inspection sheet was to be started, however failed to be initiated.</p> <p>Staff interviews revealed it was common knowledge that the client disengaged the system. However, the system continued to be used. Staff would just turn the alarm back on. The facility failed to change the devices to a secure alarm system.</p> <p>The involved staff failed to notify the PD within an hour of the time the client went missing.</p> <p><b>FACILITY RESPONSE:</b></p>			

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