DEPARTMENT OF INSPECTIONS AND APPEALS

HEALTH FACILITIES

NOV 01 2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	520457	A. BUILDING: _____ B. WING _____	C 10/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM OAKS	4515 MELROSE AVENUE IOWA CITY, IA 52246

(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) COMPLETE DATE
R 000	Initial Comments No deficiencies were cited regarding the investigation of Incidents 61797-I or 61795-I. The following deficiencies were cited during the investigation of Incident 63033-I:	R 000	Incident 63033-1 481-57.22(135C) Orientation and Service Plan. 1. Social workers responsible for service plan development and addendums have been retrained on DIA requirements for Service Plan and Service Plan addendums on 10/26/16.	10/26/16
R 834	57.22(3)c Orientation and Service Plan 481-57.22(135C) Orientation and service plan. 57.22(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) c. The service plan should be modified to add or delete goals and objectives as the resident's needs change. Communications related to service plan changes or changes in the resident's condition shall occur within five working days of the change and shall be conveyed to all individuals inside and outside the residential care facility who work with the resident, as well as to the resident's responsible party. (I, II, III) This REQUIREMENT is not met as evidenced	R 834	2. Social workers have reviewed policy and procedure related to 57.22(3)c. on 10/26/16. 3. Clinical staff to include social workers, nurses, aides, and activity staff will be retrained on Service plan requirements/addendums by Nov. 30, 2016.	11/30/16
			4. Social worker/designee will be responsible for documenting on progress towards goals in Social Service Quarterly Summary.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

11/15/16

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R 834	Continued From page 1 by: Based on interview and record review the facility failed to amend the service plan as needed for 1 of 3 residents reviewed (Resident #1). Findings include: Record review revealed Resident #1 was admitted to the facility on 3/15/16 with diagnoses including bipolar disorder and mild intellectual disability. A service plan was written on 4/12/16. Resident #1 eloped from the facility on five occasions (6/24/16, 8/30/16, 9/5/16, 9/12/16 and 9/15/16). In addition, Resident #1 walked away from the facility on 7/23/16 while staff were present. The Resident left a Day Habilitation activity on 8/2/16 without staff knowledge. On 8/23/16, Resident #1 was with another provider and was taken to the UIHC ER due to mental health concerns. The UIHC Emergency Room Social Worker contacted the facility on 8/23/16 and asked that a plan be made to "handle the resident". The service plan was not amended to include issues with elopement until 9/16/16. Review of the facility's elopement policy revealed, "All incidents including elopement are reviewed and discussed by the treatment team including the Administrator, Director of Nursing, Director of Social Services and Social Workers. Changes will be made to the individual ISP's and/or facility policy if needed." An interview was conducted with the DON on 10/5/16 at 9:10 AM. The DON confirmed that the service plan should have been updated prior to 9/16/16 for Resident #1. It should be noted that on 10/4/16, the Administrator notified the survey team the facility	R 834		

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R 834	Continued From page 2 was actively seeking alternative placement for Resident #1. It was not the facility's intention to have Resident #1 at the facility on a long-term basis, but transfer to another facility fell through.	R 834	C-147 50.7(4) 1. Chatham Oaks "Consumer Accident/Injury/Incident Reporting" policy has been revised to reflect the reporting requirements. SEE ATTACHED 2. all staff will be retrained on DIA reporting requirements and retrained on revised "Consumer Accident/Injury/Incident Reporting" policy and procedure by Nov. 30, 2016,	11/30/16
C 147	50.7(4) Additional notification 481-50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 50.7(4) When a resident elopes from a facility. For the purposes of this subrule, "elopes" means when a resident who has impaired decision-making ability leaves the facility without the knowledge or authorization of staff. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notify the Department of four elopements regarding 1 of 3 residents reviewed (Resident #1). Findings include: A review of Resident #1's record revealed the resident eloped from the facility four times as follows: a). Resident #1 eloped from the facility on 6/24/16 at 10:00 PM. The local police department was contacted. Resident #1 was found at the University of Iowa Hospitals and Clinics (UIHC) Emergency Room on 6/25/16 at 1:30 AM. The resident was not injured during the elopement. b). Resident #1 eloped from the facility on 8/30/16 at 8:00 PM. The local police department	C 147		

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C 147	Continued From page 3 was notified. Resident #1 was found at Mercy Hospital on 8/30/16 at 11:30 PM. The resident was not injured during the elopement. c). Resident #1 eloped from the facility on 9/5/16 at 5:00 AM. The local police department was notified. Resident #1 returned to the facility from Mercy Hospital on 9/5/16 at 1:30 PM. The resident was given fluids at the hospital. d). Resident #1 eloped from the facility on 9/12/16 at 11:30 PM. The Resident was found on Highway 218 by the Johnson County Sheriff and transported to UIHC. Resident #1 returned to the facility on 9/13/16 at 9:00 AM. The resident was not injured during the elopement. The Department was made aware of this incident on 9/16/16 when reporting an elopement which occurred on 9/15/16. The Department was not notified by the facility of these incidents. The facility elopement policy stated that "Incidents will be reported to DIA as required in Chapter 50.7". In an interview with the Director of Nursing on 10/4/16 at 11:22 AM, she confirmed no report was made to the Department.	C 147		

SUBJECT: Consumer Accident/Injury/Incident Reporting 50.7(10A,135C)

PURPOSE: To insure timely reporting of major accidents/injuries/incidences are reported to DIA as required. To ensure timely completion of minor incidents.

POLICY: Accident/Injury/Incident Reports shall be completed and DIA notified within 24 hours or the next business day via the Health Facilities Division On line Self Reporting Tool. Minor incidents will be documented on the Consumer Incident Report Form. All completed forms will be given to the Director of Nursing or Administrator for review within 24 hours of the incident.

A. A "Major Injury" shall be defined as any injury which:
   a. Results in death; or
   b. Requires admission to a higher level of care for treatment, other than for observation; or
   c. Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by DIA, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis.

B. When there is an act that causes major injury to a resident or when a facility has knowledge of a pattern of acts committed by the same resident on another resident that results in any physical injury. For the purposes of this subrule, "pattern" means two or more times within a 30-day period.

C. When a resident elopes from a facility. *Elopement is defined as when a resident who has impaired decision making ability leaves the facility without the knowledge or authorization of staff.*

D. When a resident attempts suicide, regardless of injury.

E. "Minor" accidents/injury/incidents will be documented on the Consumer Incident Report Form.

DIA Notification Process:

DIA will be notified within 24 hours or the next business day via the Health Facilities Division Online Self Reporting Tool. This notification will be completed by the Administrator or designate.

Procedure:

Resident/ Staff:	Report/document incident as soon as incident occurs or when staff are made aware of incident.
Staff:	Assess consumer, document accident/injury/incident including treatment, interventions implemented, follow-up care and outcome of incident.
DON/ Designate:	Review incident report form. Ensure form is completed in its entirety. Ensure notifications and online reporting are completed within the required time frames.
	Ensure follow up is completed as needed and documented.
	Maintain centralized file of incident reports.

10/26/16
Effective Date

Diane Brecht, MSN, RN
Executive Director/Administrator

Review/Revised:

_____ _____

_____ _____

_____ _____

POL: NS15-A