

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

Number FC 6382		Fine amount reduced by 35% to \$5,850 on January 6, 2017 pursuant to Iowa Code Section 135C.43A		Report Date December 20, 2016	
Facility Name Harmony House Health Care Center				Survey Dates	
Facility Address 2950 West Shaulis Road		64290-I			
City Waterloo, IA 50701		HL/CC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
56.6	481—56.6 (135C) Treble and double fines. 56.6(1) <i>Treble fines for repeated violations.</i> The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.	I	\$9000.00 Treble Fine (\$3000.X3)	Upon Receipt	
64.60	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.  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. This rule is intended to implement Iowa Code Section 135C.2(3).  <b>DESCRIPTION:</b>				
W 104	<b>483.410(a)(1) GOVERING BODY</b> The governing body must exercise general policy, budget, and operating direction over the facility.  Based on interview and record review, facility staff failed to consistently follow facility policies, as evidenced by failure to ensure exit door alarms were activated at all times. This affected 1 of 1 client (Client #1) involved in				

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	<p>investigation #64290-I. Finding follows:</p> <p>Record review on 11/17/16 revealed facility internal investigation, initiated 11/6/16. The investigation identified Client #1 had eloped from the Opportunity Advancement Center (OAC) through the East door on 11/6/16 at approximately 1:14 p.m. Prevocational Aid (PA) A located Client #1 approximately 1 and ½ blocks away from the facility and they returned at approximately 1:32 p.m. The investigation identified the door alarm was not activated at the time of the elopement. The document noted Client #1 had watched staff remove the batteries from the alarm to go outside and prevent disruption to other clients present at OAC.</p> <p>Additional record review on 11/21/16 revealed Client #1 was diagnosed with, but not limited to, unspecified intellectual disabilities, down syndrome (unspecified), unspecified mood disorder, sleep disorder, bilateral sensorineural hearing loss, unspecified visual loss, and conversion disorder with sensory symptom or deficit. Client #1 had programming in place to increase emotional control, reduce aggressive behavior by discussing problems with staff, increase sleep without disturbance, remaining in authorized areas unless supervised, earning reinforcers for participation in an activity, following a schedule, reading comprehension, , and participation in medication administration. Restrictive measures included the use of a wander guard bracelet (alarms on 3 doors on the living unit), a bedroom door alarm, physical restraint, 4-point restraints, and behavior modifying medications which included Depakote, Lithium Carbonate, Geodon, and Effexor. Staff were instructed to complete 15 minute</p>				

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	<p>visual checks on Client #1 and to know his/her whereabouts at all times.</p> <p>When interviewed on 11/21/16 at approximately 11:35 a.m., Program Assistant (PrA) B reported she had been in one of the classrooms at the OAC when PA A and Client #1 returned inside at approximately 1:15 p.m. PrA B stated she looked out of the room to answer a question and observed Client #1 standing inside the building, close to the East exit door. PrA B stated a few minutes later, PA A approached her and asked where Client #1 was at. At this time, a search was initiated and Client #1 was found walking East down the sidewalk approximately 1 and ½ blocks away from the facility. PrA B stated she did not hear the exit door alarm sound when PA A and Client #1 entered through the East door or when Client #1 exited the building through the East Door.</p> <p>Additional record review on 11/21/16 revealed End of Day Protocols for Pre-Vocational Center. The list included checking all exit door alarms. On 11/5/16 and 11/6/16, the checklist was completed by PrA B which indicated all alarms were in working order.</p> <p>When interviewed on 11/22/16 at approximately 8:45 a.m., PA A reported she and Client #1 had been outside the OAC doing an activity with spray paint. She stated they walked back inside to wash their hands and thought she had shut the door behind her but stated it was a windy day. PA A stated she reported Client #1 over to another staff but didn't know he had headphones on and was unable to hear her. After she washed her hands, she stated she realized Client #1 was not present and a search for Client #1 was initiated. PA A stated Client #1</p>				

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	<p>was going East on the sidewalk, she utilized her personal car and picked up Client #1 approximately 1 and ½ blocks away from the facility. PA A reported Client #1 said he/she wanted to go home but got lost when PA A asked why he/she left without telling staff. PA A reported the all exit doors at the OAC had alarms but couldn't recall the alarm sounding on 11/6/16 when using the East door. She stated the battery cover to the alarm had been lost and the batteries would fall out if the door was shut hard. PA A stated this was reported but never fixed so staff continued to check the door alarms.</p> <p>When interviewed on 11/22/16 at approximately 11:15 a.m., the Qualified Intellectual Disability Professional/Vocational Specialist (QIDP/VS) reported Client #1 had a history of attempting to leave the OAC to go back to the facility without telling staff. She stated this behavior had decreased but recently they noticed an increase of Client #1 attempting to leave through the North door to return to the facility without telling staff. QIDP/VS stated staff would assist him/her to return to OAC or the living unit depending on what Client #1 wanted to do. QIDP/VS stated on 11/4/16 alarms on all doors were in place and working prior to her shift ending. She stated the end of day checklist for 11/5/16 and 11/6/16 indicated the alarms were all in place and working. QIDP/VS stated even without a battery cover on the alarm, the batteries securely fit and only came out if the door was slammed. She explained to reset the alarm the batteries had to be removed. She reported on 11/7/16 new alarms were installed on the West and East doors which were hard-wired and could only be reset by</p>				

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AND  W 249	<p>entering a code.</p> <p>Review of facility policy "Elopement Prevention Program", last revised 6/9/14, instructed alarms would be activated on all exit doors if the client population included one or more clients at-risk for elopement.</p> <p>When interviewed on 11/22/16 at approximately 12:10 p.m., the Administrator confirmed staff failed to follow the facility policy by not ensuring exit door alarms were on and active at all times. She stated it is unclear if the alarm was up with the batteries removed or if the staff had left the alarm down when Client #1 eloped from the OAC.</p> <p><b>483.440(d)(1)Program Implementation</b>  <b>As soon as the interdisciplinary program plan, each client must receive a continuous active treatment program consistent of needed interventions and services in sufficient number and frequency to support the achievement of the objective identified in the individual program plan.</b></p> <p>Based on interview and record review, facility staff failed to consistently implement client Behavior Support Plans, specifically in regards to client supervision needs. This affected 1 of 1 client (Client #1) involved in investigation #64290-I. Finding follows:</p> <p>Record review on 11/17/16 revealed facility internal investigation, initiated 11/6/16. The investigation identified Client #1 had eloped from the Opportunity Advancement Center (OAC) through the East door on 11/6/16 at</p>				

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	<p>approximately 1:14 p.m. The investigation noted prior to Client #1 eloping, Prevocational Aid (PA) A and Client #1 had gone outside through the East door to complete an activity. PA A re-entered the building and Client #1 was behind her. PA A never checked to ensure Client #1 entered the building or to ensure the door was closed. PA A walked to the wash bay area while Client #1 stood briefly by the East exit door and then left through the open East door. A search was initiated and Client #1 was located approximately 1 and ½ blocks away from the facility. Client #1 returned to the OAC at approximately 1:32 p.m. with PA A.</p> <p>Additional record review on 11/21/16 revealed Client #1 was diagnosed with, but not limited to, unspecified intellectual disabilities, down syndrome (unspecified), unspecified mood disorder, sleep disorder, bilateral sensorineural hearing loss, unspecified visual loss, and conversion disorder with sensory symptom or deficit. Client #1 had programming in place to increase emotional control, reduce aggressive behavior by discussing problems with staff and peers, increase sleep without disturbance, remaining in authorized areas unless supervised, earning reinforcers for participation in an activity, following a schedule, reading comprehension, and participation in medication administration. Restrictive measures included the use of a wander guard bracelet (alarms on 3 doors on the living unit), a bedroom door alarm, physical restraint, 4-point restraints, and behavior modifying medications which included Depakote, Lithium Carbonate, Geodon, and Effexor.</p> <p>Review of Client #1's programming revealed his/her</p>				

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	<p>Behavior Support Plan titled "Discuss Problems with Staff and Peers", last revised 8/25/16. The program instructed staff to always be aware of Client #1's whereabouts and to document 15 minute observations of Client #1.</p> <p>Continued review revealed Client #1's Behavior Support Plan titled "Remain in Authorized Areas Unless Supervised", last revised 11/15/16. The program instructed staff to always be aware of Client #1's location on and off the unit.</p> <p>When interviewed on 11/21/16 at approximately 3:15 p.m., Client #1 stated "I did it on my own" but would not discuss the incident any further.</p> <p>When interviewed on 11/22/16 at approximately 8:45 a.m., PA A reported on the afternoon of 11/6/16 she had gone outside, using the East door at the OAC, with Client #1 to do an activity. PA A stated once they returned inside the building she asked another staff to watch Client #1 but was unaware the other staff had headphones on and couldn't hear her. PA A stated after she finished washing her hands she realized Client #1 was not present and a search was initiated. PA A stated Client #1 was observed walking East down the sidewalk so she utilized her personal vehicle to transport Client #1 back to the facility. PA A confirmed Client #1 had crossed one street and was approximately 1 and 1/2 blocks away from the facility when located. PA A confirmed she was aware Client #1 was to have 15 minutes checks and staff were to know his/her whereabouts at all times.</p> <p>When interviewed on 11/22/16 at approximately 12:10 p.m., the Administrator confirmed staff failed to follow</p>				

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	<p>Client #1's Behavior Support Plan by not knowing his/her whereabouts at all times. She stated according to the video recording, PA A entered the building and Client #1 followed. She stated the video revealed PA A never turned around and checked to ensure Client #1 had entered the building or to ensure the door was closed.</p> <p><b>FACILITY RESPONSE:</b></p>				

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