Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
56.6 **+** **58.28(3)e**	**481-56.6 (135C) Treble and double fines. 56.6(1)** Treble fines for repeated violations. 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. **481—58.28 (135C) Safety.** The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) **58.28(3)** *Resident safety.* *e.* Each resident shall receive adequate supervision to ensure against hazard from self, others, or elements in the environment. (I,II, III) **DESCRIPTION:** Based on record review, observation, staff interviews and review of policy and procedures, the facility failed to provide appropriate nursing supervision to ensure against hazards from self or elements in the environment for 3 of 18 residents reviewed (Resident #12, #16 & #17). The facility identified a census of 98 current residents. Findings include: 1. According to the MDS (Minimum Data Set) assessment dated 9/11/16, Resident #16 had	**I**	**$24,000 (trebled $8,000 x3) Held in suspension**	**Upon Receipt**

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	diagnoses that included heart failure, chronic obstructive pulmonary disease (breathing disorder), end stage renal disease (kidney disease) and metabolic encephalopathy (brain disorder). The resident had a BIMS (brief interview for mental status) score of 13 which indicated intact cognition. According to the MDS the resident required limited assistance with bed mobility, transfers, dressing and extensive assistance with toilet use. The MDS identified the resident required the use of a walker and wheelchair for mobility. The Care Plan dated 6/15/16 as initiated, identified the resident at risk to elope and the resident made statements of wanting to leave, intending to leave and had sufficient mobility to exit unescorted. The Care Plan interventions included and directed staff to do the following: a. If pushing on door attempt to redirect/distract from door. b. If unable to redirect, utilize other staff to escort person served to appropriate part of unit or room. c. If elopes, follow elopement policy. All interventions resolved effective 11/28/16. Review of the Elopement Risk Assessment dated 6/15/16 and 9/11/16 indicated the resident displayed tactile wandering: explored environment with hands, recreational wandering: wandering based upon previous active lifestyle and talked about leaving. The assessment summary revealed the resident had a Wanderguard (device to alert staff when attempting to exit the building via a door alarmed with a Wanderguard) in place due to			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	making statements of wanting to leave and had the mobility to escort self out the door unattended. Review of the Elopement Risk Assessment dated 11/28/16 identified the resident had no wandering but did talk about leaving and made statements of wanting to go home. The assessment summary indicated the resident had BIMs of 13 and alert and oriented and able to make his/her own decisions. The assessment indicated the resident would go outside independently and will sometimes wait outside for the bus to go to appointments. Review of the Observation Flow Sheet dated 10/25/16 5:45 AM through 10/26/16 at 8:15 AM identified 15 minute observations of the resident as completed. Review the facsimile from the Occupational Therapy Department to the Physician dated 8/8/16 indicated the resident had increased confusion and delusions and did not appear to be dementia related. The delusions impacted his/her safety and performance. The facility received an order for a psychological evaluation. Review of the facsimile to the physician dated 10/26/16, indicated the resident had a BIMs score of 13 out of 15 and 28 of 30 on his/her mental exam. The resident could self-transfer surface to surface and performs all activities of daily living independently. The resident requested to return home. The facility requested an order to discharge from the facility to home with current medications,			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	treatments and orders. The order included the physician statement as long as resident could care for self. Review of the TAR (Treatment Administration Record) dated June (July) 2016 directed staff to check Wanderguard every shift. The order documented the treatment completed on 7/1/16 and 7/2/16 and discontinued on 7/2/16. The TAR dated 9/1/16 through 9/30/16 indicated the Wanderguard start date of 9/23/16. The document completed on 9/29/16 and 9/30/16. The TAR dated 10/1/16 through 10/31/16 identified documentation of the Wanderguard present 10/1/16 through 10/7/16. Documentation from 10/8/16 through 10/31/16 varied from in place to refused. The TAR dated 11/1/16 through 11/30/16 identified the Wander-guard discontinued on 11/2/16 at 4:14 PM. Review of the Progress Notes dated 6/16/16 at 12:07 PM identified the staff removed the Wander-guard from the right wrist and replaced with a new Wanderguard that operated correctly to the right wrist. The resident stated the Wanderguard felt good and not too tight. On 7/19/16 at 3:47 AM the notes indicated the resident continued to have episodes of confusion during the shift. At 9:44 AM the resident was admitted to the hospital for urinary tract infection, low blood sugars and confusion. On 7/30/16 at 1:16 PM the notes indicated dialysis called at 10:30 AM and reported the resident acting confused and stated the nurses have a secret hiding place for his/her cell phone in his/her pants so he/she couldn't get it. The resident made			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			
State Rule		**Class**	**Fine Amount**	**Correction date**
	nonsensical thoughts/statements and not orientated at times. Review of the Progress Notes on 8/1/16 at 9:21 PM indicated the resident very confused and stated the facility is the Governor's Mansion. The resident stated him/her and another resident to testify. Took several staff members to redirect to his/her room. On 8/3/16 at 1:41 PM the resident stated he/she had been waiting for the President to come to the facility. The resident saw the nurse and stated the nurse had been trying to kill him/her. The resident also stated he/she had been waiting for the president's wife and his/her family to get to the facility and the president's wife to get up on stage with the resident. On 8/8/16 at 2:32 PM the therapy department reported the resident continued to be very confused. The resident stated he/she had been waiting for the President to arrive at the facility. Staff requested a psych evaluation. On 8/13/16 at 10:10 PM the resident reported everything had been fine until the president left today. On 8/14/16 at 9:50 PM he/she stated to staff not to leave pills because he/she is not here. The resident asked staff to touch him/her because she would not be able to feel him/her. When staff touched him/her, they said oh I guess I am here. On 8/1616 at 11:29 PM the resident stated the president going to send him/her to Kentucky and he/she wasn't going. Review of the Progress Notes dated 9/9/16 at 10:00 PM reveled the resident became argumentative after supper, packed a few clothing items and stated he/she wanted to leave to go to the			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			
State Rule		**Class**	**Fine Amount**	**Correction date**
	educational building across the street. A CNA (certified nursing assistant) stayed with the resident. The resident went to the front door with the CNA and attempted to open the door. The alarm sounded appropriately. The resident redirected the resident back to his/her room. On 9/10/16 at 3:41 AM the resident got up in the middle of the night and had stuff packed to go to Berlin for dialysis and to meet the Pope. Confusion seemed to always be on the night before going out to dialysis. Review of the Progress Notes dated 10/7/16 at 2:22 PM identified at 2:10 PM the resident yelled the facility as a prison and he/she's not wearing anything anymore. The resident cut it [Wander-guard] off and threw it out of his/her room door. Administration notified Social Services to tell staff to replace the Wanderguard and make 15 minute checks through the weekend. Review of the Progress Notes dated 10/25/16 at 5:17 AM indicated at 4:15 AM staff received a telephone call from a person stating they lived nearby and noticed a person in a wheelchair at the side of the road in front of the facility. The nurse and CMA (certified medication assistant) found the resident in the wheelchair beside the road on the grass area heading towards the east. The resident kept saying he/she needed to go get clothes and kept pointing towards a building. The resident very agitated and needed much persuasion to return to the facility. The resident fully clothed and wore a light jacket. No alarm sounded when the resident left out the door. Upon entering, the facility staff			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	attempted to apply a wander-guard bracelet. The resident again became agitated and stated he/she would just cut it off like the last one. Staff did get a Wanderguard on the wheelchair. The resident attempted to leave the facility again and staff alerted per Wanderguard alarm. The resident stated he/she needed to go get clothes at the apartment and had it all arranged with the president. The resident redirected to his/her room. The resident refused dialysis and medications. The resident's family and on call physician notified. During an interview with the State Climatologist on 11/30/16 at 11:10 AM, identified the weather for Sioux City Iowa reported on 10/25/16 at 3:52 AM: Temperature at 53 degrees Fahrenheit, wind Southeast at 8 mile per hour and cloudy. On 11/22/16 at 5:30 PM Staff S, LPN (licensed practical nurse) was interviewed and stated the resident did exit the facility on 10/25/16 at 4:25 AM and did not wear the Wanderguard device. Staff S stated the resident had previously worn a Wanderguard device but he/she kept taking it off. Staff S stated she had worked the evening prior and left at 2:00 AM and the resident had no exit seeking behaviors. On 11/29/16 at 12:20 PM, Staff E, LPN was interviewed and stated she received a telephone call from an outside source on 10/25/16 at approximately 4:15 AM to alert her resident in a wheelchair seen near the street. She went out of the facility with Staff K, CMA (certified medication			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	assistant) and found the resident in the wheelchair on the grass near the street. The staff found the resident approximately 10 feet from the driveway on the grass and agitated and confused. The resident stated he/she wanted to go to a building (across the street) and get his/her clothes. The resident did not wear a Wanderguard device and refused to have one on his/her wrist. Staff E then placed a Wanderguard on the wheelchair. On 11/30/16 at 11:40 AM Staff B, CNA was interviewed and stated the resident had a normal shift and had no behaviors or confusion. The resident normally got self-up and dressed around 5:00 AM every morning and waited by the front door for the van to pick him/her up for dialysis. He stated the resident did get confused time to time. Staff did not see the resident exit the facility and no door alarm sounded. He had been told the resident had been out of the facility and went to help if needed. The nurse was with the resident and assisted the resident back to the facility. Staff B stated the resident should have had a Wanderguard [device] on but did not have one at that time and the Wanderguard alarm did not sound when returned. Staff B stated the door used to have a sign that identified the code for the door alarm instructions to enter backwards. The sign had been removed and the code to the door changed after the resident exited. On 11/29/16 at 11:15 AM the Administrator stated she interviewed the resident the day he/she left the facility. The resident had told her he/she got up			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	early to wait up front and go to dialysis. The Administrator stated the resident then stated he/she went out the door to wait for the bus and then went down the hill to catch the bus to get missing clothes. The Administrator stated the resident had been to another facility and returned home prior to his/her hospital stay and transferred to the facility. The resident had thought some clothes had been missing. After she interviewed the resident he/she pulled her aside and stated he/she wanted to go home and be in the facility. The talked to the Doctor and receive the OK to discharge to home. The discharge did not happen and they moved the resident to a private room and him/her no longer pursuing going home. The Administrator stated the staff had used the Wanderguard [device] inappropriately and the resident should not have had a Wanderguard in the 1st place. The facility investigation found the resident did not have a Wanderguard on and had not had it on. She identified the documentation not always correct. Staff education completed on 10/25/16 for use of a Wanderguard. She further stated the resident had told her the code for the front door alarm and the facility changed the code on 10/25/16. The facility no longer posted a sign to identify the code for the alarm. During an interview with Staff U, CMA on 11/30/16 at 4:50 PM she stated she had seen the resident approximately 30 minutes prior to the elopement. The resident had been in the bathroom and toileted him/herself which had been normal. Staff U stated the resident did not have a Wanderguard [device]			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	on but had in the past. The resident would take it off. Staff U stated they had 15 minute checks that had been discontinued due to him/her not trying to leave the facility. On 12/1/16 at 8:45 AM the social service person was interviewed and stated she did the elopement assessments on admission and quarterly. She did discuss the resident with the unit manager and knew he/she had a high assessment and wanted to go home. The social service person stated they knew the resident had moments of confusion so they made the decision to place a Wanderguard on the resident. She stated if she had been notified of the discontinuance of a Wanderguard, she would do another elopement assessment. She stated she completed an elopement assessment last week after staff brought this to her attention and it had not been done when the Wanderguard was discontinued. Review of the Policy and Procedures titled **Elopement,** revised on July 2013, included and directed staff to do the following: a. It is the responsibility of all personnel to report any resident attempting to leave the premises, or suspected of being missing, to the charge nurse as soon as practical. b. Should an employee discover that a resident is missing from the facility, he/she should: Determine if the resident is out on an authorized leave or pass. It not, make a thorough search of the building and premises. c. Upon return of the resident to the facility, the			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	DON or charge nurse should: examine the resident for injuries, contact the attending physician and report findings and conditions of the resident, Notify the resident's legal representative, complete and file an incident report and make appropriate entries into the resident's medical record. 2. According to the MDS dated 8/14/16, Resident #12 had diagnoses that included diabetes mellitus, heart failure, respiratory failure and atherosclerotic heart disease. The MDS identified the resident had a BIMS (brief interview for mental status) total of 15 which indicated intact cognition. According to the MDS the resident required extensive assistance with bed mobility and transfers and independent with locomotion on the unit. The MDS identified the resident normally used a wheelchair for mobility. The care plan dated 5/3/16 directed staff to use an EZ stand for transfers and provide an anti-roll back device on the wheel chair. Review of the Fall Risk Assessment dated 10/7/16, identified the resident with a total score of 13. A score of 10 or above indicated a risk of falling. Observation on 10/14/16 at 8:00 AM revealed the resident sitting in the wheel chair in Aspenwood hall next to the nurse ' s station. Staff P, CNA (certified nursing assistant) told the resident to pick up his/her feet and pushed the resident from the nurse’s station to the dining room. The wheelchair did not have pedals to rest the resident ' s feet and Staff P pushed the wheelchair a distance of approximately			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	40 feet. During an interview with the DON (Director of Nursing) on 10/14/16 at 8:30 AM, she stated she educates staff to not push residents in the wheel chair without wheel chair foot pedals. The DON stated she had been educating staff as she sees it happen and had not held an in-service. 3. According to the MDS assessment dated 8/17/16 documented that Resident #17 had diagnoses that included non-Alzheimer's dementia, hypothyroidism (low thyroid levels) and hyperlipidemia (high blood lipids). The assessment documented the resident had a BIMs score of 2 which indicated severe cognitive impairment. The assessment documented the resident required the assistance of 2 with bed mobility, transfers and walking in their room. According to the MDS dated 11/17/6, revealed Resident #17 had diagnoses that included dementia, pain, hypothyroid and hyperlipidemia. The care plan identified the resident had a BIMs score of 3 which indicated severe cognitive impairment. According to the MDS the resident required extensive assistance with bed mobility, transfers and toilet use. The MDS identified the resident occasionally incontinent of urine and had falls since the last assessment. The care plan dated 11/1/16 directed staff to do the following: a. Ensure the wheel chair in good repair and			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			
State Rule		**Class**	**Fine Amount**	**Correction date**
	available at all times. B. Toileted before and after meals. In between meals place out in the television viewing room as tolerated. c. Encourage to wear non-skid socks or shoes when transferring. Assist of 1 for transfers. d. Utilize wireless call light. Review of the Fall Risk Assessment dated 8/11/16 revealed the resident had a total score of 19. A score of 10 or above indicated a risk of falling. The fall prevention protocol initiated included assist of 2 for all transfers. Room next to the nurse's station and frequent room checks to ensure safety due to confusion. Review of the Incident Report dated 8/26/16 at 11:00 AM revealed the resident found on the floor laying on the right side with the call light cord around his/her legs. The resident would not state what he/she had been doing to get the cord wrapped up in the legs. The intervention included to remove the call cord and use a hand held call system. Review of the Incident Report dated 10/14/16 at 9:45 PM revealed the resident found lying on the floor on back by the roommate ' s bed. The wheel chair by the closet door. The resident stated he/she tried to go to the bathroom. The resident did not use the call light. The intervention included to ask for a urinalysis and assist to the bathroom after meals. The intervention not added to the care plan and a urinalysis not requested.			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			
State Rule		**Class**	**Fine Amount**	**Correction date**
	Review of the facsimile to the Physician dated 10/14/16 at 10:15 AM revealed the resident found on the floor and he/she stated had been trying to go to the bathroom. The resident did not use the call light and confused per usual. The resident did hit his/her head Review of the Incident Report dated 10/20/16 in the evening, identified the resident had a fall in his/her room. The report and the care plan identified no interventions to prevent further falls. Review of the Fall Report dated 11/19/16 at 12:45 PM indicated the staff found the resident lying in the doorway of the resident's room. The resident laid on his/her left side and unsure how he/she fell or where he/she was going. The resident complained of left leg pain and could not straighten the leg. The physician gave orders to send to the hospital for an evaluation. The resident left the facility at 1:15 PM per non-emergent ambulance. Review of the Radiology report dated 11/19/16 revealed a non-displaced impacted femoral neck fracture. During an interview with Staff Y, RN on 12/14/16 at 4:00 PM she stated and verified the care plan intervention to toilet before and after meals and to keep the resident in the television viewing area placed on the care plan 11/19/16. The date identified 11/1/16 should have read 11/19/16. **FACILITY RESPONSE:**			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			

State Rule		Class	Fine Amount	Correction date
235E.2 3.a **+**	**235E.2 Dependent adult abuse reports in facilities and programs.** **3. a.** If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours.	**II**	**$500**	**Upon Receipt**
52.2(2)a **+**	**481-52.2 (235E) Persons who must report dependent adult abuse and the reporting procedure for those persons.** **52.2(2)** Reporting suspected dependent adult abuse in facilities or programs. a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification or the next business day.			
58.43(9)	**481-58.43(135C) Resident abuse prohibited.** Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. Each resident shall be free from chemical and physical restraints except as follows; When authorized in writing by a physician for a specific period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	be authorized by designated professional personnel who promptly report the action taken to the physician; and in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II) **58.43(9)** Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481-Chapter 52. (I, II, III). **DESCRIPTION:** Based on record review, staff interviews and review of policy and procedures, the facility staff failed to follow their abuse policy and immediately report allegation of misappropriation of money (Resident #1) and an alleged assault (Resident #18) to the Administrator or designated person. The facility identified a census of 98 residents and the sample consisted of 18 residents. Findings include: 1. According to the MDS (Minimum Data Set) assessment dated 8/21/16, Resident #1 had diagnoses that included diabetes mellitus, hemiplegia and post procedural cerebrovascular infarction. The MDS identified the resident had a BIMs (brief interview for mental status) score of 15			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	which indicated no short and long term memory problems. According to the MDS, the resident required limited assistance with bed mobility and extensive assistance with transfers, dressing and toilet use. The care plan dated 11/20/15 directed staff to assist the resident with extensive assistance of 1 staff with bed mobility, transfers and ambulation. During an interview with Staff F, CNA (certified nursing assistant) on 10/13/16 at 2:45 PM, she stated the resident had told her he/she had money missing. She asked the resident if he/she reported the missing money. The resident said he/she did not. Staff F stated she did not report the missing money and it would be the resident's right if he/she wanted this reported or not. During an interview with Staff M, CMA (certified medication assistant) on 10/20/16 at 9:50 AM he stated the resident reported he/she had missing money. He further stated he told the nurse on duty and also reported to the Social Service Director right away on Monday (11/12/16). During an interview with Staff O, CNA on 10/20/16 at 3:20 PM she stated the resident told her he/she had missing money on 9/11/16 or 9/12/16. She specifically asked the resident if he/she had reported it to management and he/she said no. She further stated she did not report it and did not know how, but should have. During an interview with the Administrator on			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	10/19/16 at 2:05 PM she stated the resident reported to Staff M he/she had missing money on Monday. (11/12/16) 2. According to the MDS dated 10/16/16, Resident #18 had diagnoses that included diabetes mellitus, anxiety and depression. The MDS identified the resident had a BIMs score of 12 which indicated moderate cognitive impairment. According to the MDS the resident required extensive assistance with bed mobility, transfers and toilet use. The care plan dated 12/6/16 directed staff to arrange an appointment with the therapist as needed and redirect following behavior. Review of the Progress Notes dated 11/20/16 at 1:59 PM revealed the resident came out of the room in the wheelchair in his/her nightgown and stated at 7:20 AM that he/she just been raped. The resident seemed very calm about it. The resident had gotten him/herself out of bed. The male CNAs had not been in the resident's room yet. The resident stated it happened last night. The resident could not remember what the person looked like but walked into the room and assaulted him/her. The resident denied feeling any pain or discomfort. A male CA later took the resident into his/her room to help get dressed. The resident okay with the CNA and told the CNA that he/she was assaulted and pointed to the roommate in the room in bed and told the CNA he/she did it. During an interview with Staff Y, RN (registered			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			
State Rule		**Class**	**Fine Amount**	**Correction date**
	nurse) on 12/13/16 at 10:40 AM she stated the incident reported to the Unit Manager and she failed to report to anyone else. The incident identified after Administration read the progress notes and not reported to the Department timely. Review of the Policy and Procedure titled **Abuse Prevention Plan,** revised August 2016, identified all staff are required to report suspected maltreatment of a vulnerable adult to the Administrator. If the Administrator is not in the building, direct care staff will report to the Nursing Supervisor, at the time of suspicion. Nursing Supervisor of the building may report to the Director of Nursing who will in turn report to the Administrator. The Administrator, Director of Nursing or Nursing Supervisor will make sure that a report is filed, that the internal investigation begins immediately, the appropriate reporting takes place and that interventions are implemented to provide the vulnerable adult with a safe living environment. **FACILITY RESPONSE:**			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			

State Rule		Class	Fine Amount	Correction date
56.6 **+** **50.7(4)**	**481-56.6 (135C) Treble and double fines. 56.6(1)** Treble fines for repeated violations. 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. **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 (I,II,III): **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. **DESCRIPTION:** Based on record review, staff interviews and policy review the facility failed to report a resident elopement to the Iowa Department of Inspections and Appeals (Resident #16). The sample consisted of 18 residents and the facility identified a census of 98 residents. Findings include: 1. According to the MDS (minimum data set) dated 9/11/16 revealed Resident #16 had diagnoses that included heart failure, chronic obstructive	**II**	**$1500 (trebled $500 x3)**	**Upon Receipt**

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

FC#6408	**Corrected 1/6/17.**		**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**	
1800 Indian Hills Drive			
Sioux City, Iowa 51104	**DS/ss/kk**		

State Rule		Class	Fine Amount	Correction date
	pulmonary disease, end stage renal disease (kidney disease) and metabolic encephalopathy (brain disorder). The resident had a BIMS (brief interview for mental status) score of 13 which indicated intact cognition. According to the MDS, the resident required limited assistance with bed mobility, transfers, dressing and extensive assistance with toilet use. The MDS identified the resident required the use of a walker and wheelchair for mobility. Review of the Elopement Risk Assessment dated 6/15/16 and 9/11/16 revealed the resident displayed tactile wandering: explored environment with hands, recreational wandering: wandering based upon previous active lifestyle and talked about leaving. The assessment summary revealed the resident had a Wanderguard in place due to making statements of wanting to leave and had mobility to escort self out the door unattended. During an interview with Staff E, LPN (licensed practical nurse) on 11/29/16 at 12:20 PM she stated she received a telephone call from an outside source on 10/25/16 at approximately 4:15 AM to alert her that a resident in a wheelchair had been seen near the street. She went out of the facility with Staff K, CMA (certified medication assistant) and found the resident in the wheelchair on the grass near the street. The resident was approximately 10 feet from the driveway on the grass and agitated and confused. The resident stated he/she wanted to go to a building (across the street) and get his/her clothes.			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			
State Rule		**Class**	**Fine Amount**	**Correction date**
	During an interview with the Administrator on 11/29/16 at 11:15 AM she stated the facility did not report the elopement to the Department due to the resident being alert and oriented and the mini mental exam score as good. The facility did do an investigation and then notified the facility corporate office. Review of the Policy and Procedure dated July 2013 directed staff to do the following: Any Elopement where the resident is not seen leaving, or has unusual circumstances is considered a reportable incident under the Vulnerable Adult Law in Minnesota. Check the requirements for reporting in other states. **FACILITY RESPONSE:**			

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

FC#6408	**Corrected 1/6/17.**			**Date: January 5, 2017**
Touchstone Healthcare Comm.		**Survey dates: October 12-14,18-21,26, December 14, 2016**		
1800 Indian Hills Drive				
Sioux City, Iowa 51104	**DS/ss/kk**			
State Rule		**Class**	**Fine Amount**	**Correction date**

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).