

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 570002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/04/2017
NAME OF PROVIDER OR SUPPLIER EVERGREEN ESTATES I			STREET ADDRESS, CITY, STATE, ZIP CODE 3410 12TH AVENUE SW CEDAR RAPIDS, IA 52404		
(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 The following deficiencies were cited during the investigation of incident #64925-I:	R 000			
R 266	57.7(5)b General Requirements 481-57.7(135C) General requirements. 57.7(5) The licensee shall: b. Be responsible for compliance with all applicable laws and with the rules of the department. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to comply with requirements related to notification to the Department found in Iowa Administrative Code 481-chapter 50. Findings include: A review of facility records revealed the facility failed to notify the Department of an elopement as required by Iowa Administrative Code rule 50.7(4). The administrator confirmed this finding. See deficiency under 50.7(4) for details.	R 266	C 147 Administrator was notified of elopement immediately by nurse on duty per company policy and DIA regulations. Administrator believed on-line reporting to DIA was required and administrator was out of state for the holiday. Therefore, on first day back in office, on-line reporting of elopement was completed. Administrator was not aware that telephone reporting was still accepted by DIA. Administrator now has DIA hotline stored in cell phone. Supervisory nursing staff has also been in-serviced on DIA telephone hotline.		
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.	C 147			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] 1/30/17

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C 147	Continued From page 1 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 did not notify the Department within 24 hours or the next business day of an elopement (a resident left the facility without permission and without staff knowledge) for 1 of 1 residents reviewed (Resident #1). Findings are as follows: The facility reported on 12/27/16 Resident #1 eloped from the facility on 12/22/16. The resident was found three blocks away and returned by the police. The resident reported wanting to go for a walk but could not recall how to return to the facility. Resident #1 had no prior history of leaving the facility. The report of this elopement was not made by the facility within 24 hours or the next business day as required. The Administrator confirmed this finding on 1/4/17 at 11:20 AM.	C 147			