

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

Citation Number: <b>6486</b>		Date: <b>March 7, 2017</b>		
Facility Name: <b>Careage Hills Rehabilitation And Healthcare</b>		Survey Dates: <b>February 27, 2017 to March 7, 2017</b>		
Facility Address/City/State/Zip <b>725 North Second Street Cherokee, IA 51012</b>		HL		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3)e	<p><b>481—58.28(135C) Safety.</b>  <b>58.28(3) Resident safety.</b>  <b>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</b></p> <p><b>DESCRIPTION:</b></p> <p>Based on observations, record review, policy and interviews, the facility failed to provide adequate supervision to protect 2 of 2 residents at risk for elopement. On 2/5/17 Resident #1 eloped from the facility without staff's knowledge and walked a few blocks away. An off duty employee identified Resident #1 and alerted the facility staff. The facility placed a Wander Guard bracelet on the resident approximately a ½ (half) hour before Resident #1 eloped, however the alarm did not activate.</p> <p>Record review and observation revealed Resident #2's Wander Guard bracelet not consistently activating when tested. The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 1/17/17 noted Resident #1 had been admitted on 1/10/17 from another nursing home. The MDS listed anxiety, schizophrenia, and amnesia as diagnoses of Resident #1. The BIMS (brief interview for mental status) assessment indicated Resident #1 had severe cognitive impairment indicated by the score of 4 out of</p>	I	<b>\$5000.00</b> <b>Held In Suspension</b>	Upon Receipt

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	<p>15. The MDS also noted that Resident #1 walked independently without the use of assistive devices.</p> <p>The Care Plan identified Resident #1 at risk for falls due to psychoactive drug use on 1/10/17, and staff should anticipate and meet his/her needs.</p> <p>The Care Plan revealed Resident #1 at risk for impaired cognitive functioning, dementia or thought processes related to psychoactive drug use and a diagnosis of schizophrenia.</p> <p>On 2/5/17 Resident #1's care plan identified he/she at risk for elopement and attempts to go out the door.</p> <p>Staff completed an elopement risk assessment and placed a Wander Guard bracelet to the resident's right wrist.</p> <p>The initial Elopement/Wandering Evaluation dated 1/10/17 identified Resident #1 as high risk indicated by the score of 11.</p> <p>A progress note dated 2/5/17 at 1:41 p.m. noted Resident #1 continually talked about the need to go see a friend that lived 3 blocks from Fareway.</p> <p>According to the document, Resident #1 attempted to go out the east door, but staff intervened. An elopement assessment had been completed and a Wander Guard applied to his/her right wrist.</p> <p>A progress note dated 2/5/17 at 1:45 p.m. noted the frigid temperatures had been discussed with Resident #1 and the facility could assist in trying to arrange a meeting with his/her friend.</p>			

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	<p>The Elopement/Wandering Evaluation dated 2/5/17 identified Resident #1 as high risk indicated by the score of 14.</p> <p>A progress note dated 2/5/17 at 2:08 p.m. noted as the DON (Director of Nursing) was about to leave the parking lot, an off duty employee was pulling into the parking lot saying Resident #1 had been seen walking down the sidewalk. The DON drove to the location of Resident #1 and the resident got into her vehicle. The note identified the Resident stated he/she intended to walk to a friend's house that lived up the street. The DON reminded the resident how they just discussed arranging a meeting to see the friend when Resident #1 said "I know, but I want to see them." The noted revealed the resident wore sweatpants, a sweatshirt, winter coat, shoes, socks and a cap on his/her head. When asked, the resident said he/she exited the facility through the door they use when they go out to smoke.</p> <p>A progress note dated 2/5/17 at 2:15 p.m. noted the Administrator walked with Resident #1 to the doors; and the Wander Guard alarm sounded each time.</p> <p>A progress note dated 2/5/17 at 2:26 p.m. noted the outside temperature had been sunny, 31 degrees with 5 miles per hour (mph) winds at the time of elopement.</p> <p>A progress note dated 2/6/17 at 8:08 p.m. noted Resident #1 attempted to exit the facility</p>			

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	<p>(independently) once during the shift and staff intervened.</p> <p>A progress note dated 2/7/17 at 5:04 a.m. noted Resident #1 had been checked on frequently. The resident had been sleeping on the couch by the birds and [previously] sitting at the table in the south hallway.</p> <p>A progress note dated 2/8/17 at 11:42 a.m. noted Resident #1 had been pacing the halls.</p> <p>A progress note dated 2/8/17 at 7:56 p.m. noted Resident #1 attempted to exit the facility twice during the shift. The Wander Guard sounded and staff intervened.</p> <p>A progress note dated 2/13/17 at 7:16 a.m. noted Resident #1 went outside last evening. Alarm sounded. Returned inside with staff without incident.</p> <p>An interview on 3/7/17 at 8:15 a.m. with Staff C, RN, revealed she made the entry on 2/13/17 at 7:16 a.m. that read "Resident #1 went outside last evening; alarm sounded. Returned inside with staff without incident". The RN said the alarm went off so she radioed for everyone to do a head count. She stated that she thought both the Wander Guard alarm and the door alarm sounded, but could not be sure. Staff C said a CNA in the break room radioed back that she saw Resident #1 in the front parking lot. Staff C reported because of his/her location, the RN said she</p>			

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	<p>believed the resident exited the front door. The RN said they brought the resident in without incident. Staff C said the resident frequently asked to go out and smoke, but he/she had never attempted to exit. Besides the recent elopement, the RN said she did not know any other elopements.</p> <p>A progress note dated 2/18/17 at 3:47 p.m. noted Resident #1 wandered into another resident's room and urinated on the floor. Resident #1 attempted to exit the facility twice at that point in the shift.</p> <p>A progress note dated 2/19/17 at 5:47 p.m. noted the nurse had been in another resident's room when she heard the door alarm and the Wander Guard alarm activate. She looked out the window and saw Resident #1 outside the front door. The nurse ran outside. She told the resident he/she had to let someone know before going outside and The resident replied "Why, the alarm went off like it was supposed to".</p> <p>A progress note dated 2/20/17 at 7:00 p.m. noted that Resident #1 went outside when he/she saw another staff member out there. Easily redirected back into the facility.</p> <p>An interview on 2/28/17 at 10:40 a.m. with Resident #1 revealed he/she exited the facility through the alarmed door at the end of the east hall, not the "smoking door" the facility thought he/she used. The resident stated it happened about 10:00 a.m.</p>			

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	<p>2. The MDS assessment dated 1/19/17 noted Resident #2 had been admitted on 1/12/17 from another nursing home. The MDS listed dementia, depression, psychotic disorder and tobacco use as diagnoses of Resident #2. The BIMS assessment indicated Resident #2 had severe cognitive impairment indicated by the score of 8 out of 15. The MDS also noted that Resident #2 walked independently without the use of assistive devices.</p> <p>The initial Elopement/Wandering Evaluation dated 1/12/17 identified Resident #2 as low risk indicated by the score of 9.</p> <p>The Care Plan identified Resident #2 as being at risk for falls due to psychoactive drug use on 1/12/17, and staff should anticipate and meet his/her needs.</p> <p>A revision dated 1/18/17 identified Resident #2 as a wanderer at risk for elopement related to impaired safety awareness. A Wander Guard bracelet had been applied to the resident.</p> <p>A progress note dated 1/16/17 at 4:41 p.m. noted that Resident #2 had a Wander Guard bracelet applied to the right wrist due to continued wandering in the hallways and consistently looking for a cigarette or wanting to go smoke.</p> <p>A progress note dated 2/8/17 at 7:55 p.m. noted that Resident #2 attempted to exit the facility once during the shift.</p>			

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	<p>A progress note dated 2/16/17 at 11:03 p.m. and authored by Staff C noted Wander Guard to right wrist. Check every shift for wandering. Alarm does not go off.</p> <p>On 3/7/17 at 8:15 a.m. Staff C, Registered Nurse was asked about the entry made on 2/16/17 at 11:03 p.m. for Resident #2, which read " Check every shift for wandering, WG (Wander Guard) to right wrist, alarm does not go off", she said when the resident walked by the door, the bracelet usually activated the alarm, but this time it did not. The RN said she did not report it.</p> <p>3. While testing alarms on 2/28/17 at 8:10 a.m. at the end of the east hall where Residents #1 and Resident #2 reside, Staff A, Housekeeper stated the alarm on the door leading outside had been mounted temporarily about a month before because the other one had broken. The alarm sounded only at that location whenever the door opened, unless someone intentionally used the key to disable it. The same key was used to silence the alarm if it had been activated. The key had been kept above a frame mounted on the wall. The alarm had been mounted right above the door, and the switch was accessible to anyone that wanted to use it. A switch on the alarm could be manually changed to delay the activation for 15 seconds after the door opened.</p> <p>Observation showed a door leading into the break room at the opposite end of the east hall had been equipped with a door alarm. The alarm could be disabled by pushing a button (located about 3 feet</p>			

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	<p>from the floor) so the alarm would not sound once the door opened.</p> <p>Observation inside the break room, showed a door that led outside had been equipped with an alarm mounted at the top of the door. The alarm sounded only at that location anytime the door opened, and shut off as soon as the door closed with the automatic closer. At a later time, the surveyor asked Staff F, CNA to activate the alarm inside the break room as the surveyor stood in the nearby hallway to listen for the alarm. The door alarm could barely be heard when standing next to the door that led into the break room from the hallway.</p> <p>A South Hall exit door that led outside had been equipped with an alarm that sounded at that location only.</p> <p>While testing alarms with Staff A present during an observation on 2/28/17 at 10:22 a.m., the Wander Guard alarm failed to activate when Resident #2 walked through the door. Resident #2 had been wearing a winter coat and had on a Wander Guard bracelet. As a follow up, Resident #2 walked through the door again wearing the same coat and this time the alarm activated. Staff A said she did not understand why it failed the first time.</p> <p><u>Interviews:</u></p> <p>An interview on 2/28/17 at 12:00 p.m. with Staff D, Laundry, revealed she had gotten off work about 10:00 a.m. on 2/5/17. She said she had driven by the facility about 1:00 p.m. or 1:30 p.m. that afternoon and saw Resident #1 about ½ block west of Fareway on Bluff</p>			

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	<p>Street. She said the resident had on a brown corduroy coat, sweat pants, stocking cap and shoes. To ensure the resident's identity, she turned around and drove past him/her again. According to Staff D, she drove to the facility and told the DON. Staff D said they each drove separate vehicles, and she left when she saw the resident get into the DON's van.</p> <p>According to Staff D, whenever she had a problem with a Wander Guard not being activated by a bracelet, she told the DON or the Administrator. Staff D said that sometimes she takes residents out to smoke at 8:00 a.m. to help the CNAs (certified nursing assistant). She said the alarms have not always gone off.</p> <p>Staff D said she believed one of two things caused the alarm to fail. According to her, either heavy winter coats or another person walking between a resident's bracelet and the alarm acted as a barrier. Staff D said now nurses roll up the resident's coat sleeves to prevent the coat from obstructing the signal. Staff D said she did not trust the alarm system as 100% reliable. She said she always made sure to keep her eyes on the residents.</p> <p>An interview on 2/28/17 at 2:20 p.m. with Staff B, LPN (Licensed Practical Nurse) revealed the facility put the Wander Guard bracelet on Resident #1 the morning he/she eloped. According to the LPN, Resident #1 talked about wanting to visit a friend in Cherokee since he/she had been admitted to the facility. Staff B said they tried to appease him/her by saying they would arrange that sometime. After telling him/her the prior,</p>			

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	<p>he/she went about his/her routine of walking around the facility. Staff B said the resident continued to talk about visiting his/her friend. The LPN said at some point that afternoon before he/she eloped, he/she came to the nurse's station and asked her a couple of questions. She referred him/her to the DON's office because of the nature of the question. Staff B said Resident #1 left the nurse's station and headed towards the DON's office and then did not see him/her again until the resident returned to the facility with the DON after the elopement. Staff B said she saw the resident headed toward the DON's office, so she assumed he/she went there.</p> <p>The LPN said shortly after she saw him/her, the DON approached her and said she was leaving for the day. Staff B stated she called the DON a few minutes after she left because she had a question. Once Staff B asked the question, the DON told her that should be the least of her worries. The DON asked Staff B if she knew the location of Resident #1. Staff B said she told the DON she had just seen the resident and sent him/her to her office before she left the building. The DON informed Staff B Resident #1 was down by the school and she would be bringing him/her back. Staff B said they returned minutes later. Staff B said this was the first time she heard of problems with alarms not being activated by resident's that wore bracelets.</p> <p>An interview on 3/1/17 at 8:30 a.m. with Staff E (Registered Nurse), RN revealed she worked as an aide from 6 a.m. to 2 p.m. the day Resident #1 eloped [2/5/17]. According to Staff E, the resident had been</p>			

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	<p>asking to walk downtown between 10:00 a.m. and 1:00 p.m. Staff E said she told him/her it was cold outside and suggested calling his/her friend instead. Staff E said she tried to utilize interventions in an effort to redirect him/her. She said she tried an activity, having him/her up by the nurses' station to watch a movie. She said he/she constantly paced the halls looking for his/her room. Staff E said she believed Resident #1 actually forgot where his/her room was located. She said she assessed him/her every day since the elopement. She said they use a box (a small electronic device) to check his/her Wander Guard bracelet every shift. The RN said a green light comes on when it functions properly and a red light comes on if not. The nurse said they replace it if the red light comes on or when it reaches its expiration date. The housekeeper uses the same box to check the alarms at the doors. According to the RN, Resident #1 pushed the button to disable the door alarm at the smoking door and walked out the 1st glass door, but not through the 2nd door to the outside. He/She was easily redirected back inside. Since he/she demonstrated the ability to disable the door alarm and expressed an interest in walking somewhere, the RN told the DON they needed to apply a bracelet. The RN said she took him/her into the DON's office and assessed whether or not the bracelet should be applied. The results indicated he/she needed a bracelet. The RN said she informed Staff B, the on duty nurse. The RN said Staff B was busy, so she did it herself. Staff E activated the bracelet, and used the box to verify that it worked properly. Staff E said she did not check the bracelet</p>			

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	<p>against the Wander Guard alarm. The RN said that shortly after Resident #1 had been admitted; he/she tried to push the door open to go out. She said he/she had been used to going out to smoke anytime he/she wanted at the facility he/she came from. She said it has been difficult for Resident #1 and #2 to adjust to smoking at specified times only. According to the RN, the resident's bracelet activated the alarm to sound when he/she returned after eloping. The RN said she checked it with the box again, and it tested OK. The RN said Resident #1 had a big dark green or brown heavy coat on when he/she walked in. She stated he/she also had on long pants, a shirt, socks, shoes and a baseball hat. She said the cap did not cover his/her ears. The RN said the admitting nurse does the initial elopement evaluation. According to the RN, every new admission should be evaluated. She stated that a good nurse should apply a bracelet when a newly admitted resident fails the elopement assessment.</p> <p>An interview on 2/28/17 at 1:10 p.m. with the Maintenance Supervisor revealed he found a broken wire on the far east door so he replaced it with a temporary alarm a couple weeks ago. He stated the alarm sounded just at that location, nowhere else in the building. He worked at the facility for about a year and the break room alarm system was configured the way it currently is. The Maintenance Supervisor reported he checked the schematic and figured out whoever wired the Wander Guard alarm at the smoking door had 3 wires in the wrong place. He</p>			

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	<p>believed that explained why the alarm failed on occasion</p> <p>An interview on 2/28/17 at 8:05 a.m. and subsequent interviews with the DON revealed what she knew about Resident #1's elopement and the facility's alarm system. The DON said Resident #1 had been seen pushing the button to silence door alarms. The DON reported they made the decision to put a Wander Guard bracelet on him/her shortly before he/she eloped [on 2/5/17].</p> <p>According to the DON, the resident exited the "smoking" door on the east hall where Residents #1 and #2 reside. The DON stated apparently Resident #1 had pushed the button to silence the door alarm, and the Wander Guard bracelet he/she wore had not activated the Wander Guard alarm when he/she exited because the resident had been wearing a corduroy coat that apparently acted as a barrier that caused the alarm to fail.</p> <p>The DON said she had not known Resident #1 eloped until an off duty employee pulled into the parking lot as she was about to leave for the day. She said Staff D, Laundry Aide informed her she had seen the resident walking on the sidewalk, about 1 ½ blocks near the Fareway. The DON said she drove to Resident #1 and he/she got into her vehicle. She said once she returned Resident #1 to the facility, they checked the Wander Guard alarm and bracelet he/she had on and it did not sound while he/she had his/her coat on. The DON stated but the alarm did sound when the resident was not wearing his/her coat. The DON said they had</p>			

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	<p>maintenance change the sensitivity on the alarm to compensate for the heavy coat.</p> <p>She said they did an initial elopement assessment when the resident was admitted from another facility. The DON said he/she scored an 11, which indicated a medium to high risk of elopement. When asked why Resident #1 did not wear a Wander Guard bracelet with a score of 11 and Resident #2 did with a score of 9, she stated up until that point, they used discretion on an individual basis according to their observations and not necessarily based on scores.</p> <p>She said Resident #2 demonstrated behaviors that warranted a more immediate need for a bracelet.</p> <p>During another interview, the DON stated the records that followed Resident #1 from the facility where he/she previously resided were incomplete and she did not know if the resident had a history of eloping.</p> <p>The DON stated she did not have any observations or knowledge that warranted the decision to apply a Wander Guard (WG) bracelet to the resident. This surveyor also informed the DON that interviews also confirmed that the Wander Guard alarm on the "smoking" door had failed on other occasions before Resident #1 eloped. The DON said nobody shared that information with her before the day he/she eloped. She said she expected staff to relay that type of information.</p> <p>A document titled Code Alert System Quote for a new alarm system had been written for the facility on 11/8/16 and expired on 12/23/16.</p>			

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<b>Facility Name:</b> <b>Careage Hills Rehabilitation And Healthcare</b>		<b>Survey Dates:</b> <b>February 27, 2017 to March 7, 2017</b>		
<b>Facility Address/City/State/Zip</b> <b>725 North Second Street</b> <b>Cherokee, IA 51012</b>				
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>A document titled Code Alert System Quote for a new alarm system had been written for the facility on 3/1/17 and will expire on 3/31/17.</p> <p>An interview on 2/28/17 at 10:45 a.m. with the Administrator revealed she expected the Wander Guard alarm system to work 100% of the time. She said she had consulted the appropriate people to inquire about updating the whole alarm system. She said Wander Guard had been contacted about a replacement part last October or November, at which time they had been informed the facility's system would become obsolete. According to the Administrator, they asked for a quote at that time. She stated after Resident #1 eloped on 2/5/17, the system's sensitivity had been adjusted when they realized the alarm failed to activate. The Administrator said she thought they resolved the problem by making that adjustment, and did not need to upgrade the system yet. On 3/1/17 the Administrator said they ordered a new alarm system that will be installed within 5 business days.</p> <p>The facility revised their Elopement Policy on 2/17/ and instructed staff to complete an assessment of wandering residents. The policy indicated residents with a history of behaviors, including wandering, will be obtained prior to admission. The policy noted that an alarm bracelet may be placed on the resident to audibly alert staff of attempts by the resident to exit [the building]. The protocol indicated an alarm bracelet may be used for residents that had been considered at</p>			

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	<p>higher risk based on previous elopements. The policy indicated staff would implement frequent checks/monitoring as appropriate. The policy indicated residents with an exacerbation of wandering or exit seeking behaviors that continue, staff will provide 1:1 supervision until the physician can assess the resident for causes and or alternative placement is determined. The policy indicated when a door alarms are deactivated or turned off, staff will perform immediate head count to ensure all residents are accounted for and [notify] the unit nurse will/DON/Administrator will investigate how the door alarm de-activated.</p> <p><b>FACILITY RESPONSE:</b></p>			

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Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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