DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	170501	A. BUILDING: _____ B. WING _____	C 06/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH IOWA TRANSITION CENTER	408 FIRST STREET NW MASON CITY, IA 50401

(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
C 000	01 Initial Comments The following deficiencies were cited during the investigation of Incident #68052-I.	C 000		
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 staff interview and record review, the facility failed to notify the Department within 24 hours or the next business day of an elopement regarding 1 of 1 residents reviewed (Resident #1). Findings include: Record review on 6/6/17 revealed Resident #1 eloped from the facility on 5/2/17. Resident #1 was eventually arrested in a different county and discharged from the facility. Further review of Department records revealed the facility reported the elopement to the Department on 5/4/17, which is outside of the 24 hour window reporting requirements. Resident #1 had a diagnosis of schizoaffective disorder, GERD, migraines and blindness in the left eye. Record review identified Resident #1 required a guardian to make important life decisions per	C 147	Plan of Correction: 1. NITC will review and or revise its elopement policy to add further clarification on what constitutes an elopement in accordance with Department guidelines and definition. 2. NITC will report elopements within the allotted 24 hour window to the Department. 3. The Quality Improvement Committee is responsible for internal monitoring of compliance with this requirement. All Critical Incidents are reviewed by the committee.	

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C 147	Continued From page 1 court order. Resident #1 needed residential placement to assist with medication compliance, coping skills to manage his/her mental health, sobriety, and anger management. Resident #1's goal to follow restrictions identified his/her legal guardian requested he/she not leave the building without staff for his/her safety with a start date of 4/17/17. An interview with the Administrator on 6/6/17 at 11:49 a.m. confirmed these findings.	C 147		
I 168	62.8(1)b Administration 481-62.8(135C) Administration. 62.8(1) The licensee shall: b. Be responsible for compliance with all applicable laws and with the rules of the department. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to comply with requirements related to notifications 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) within 24 hours. The administrator confirmed they reported this incident over the 24 hour window at the time of the finding. See deficiency under 50.7(4) for details.	I 168	Plan of Correction: In accordance with Iowa Administrative Code 48-62.8(1)(11)(a), NITC will report elopements within the allotted 24 hour window to the Department. NITC will review and/or revise its elopement policy to add further clarification on what constitutes an elopement in accordance with the Department guidelines and definition. The Quality Improvement Committee is responsible for internal monitoring of compliance with this requirement. All Critical Incidents are reviewed by the committee.	