

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

Citation Number: 6560		Fine amount for Class II fine was reduced by 35% to \$325.00 on June 28, 2017 pursuant to Iowa Code Section 135C.43A		Date: June 16, 2017	
Facility Name: Willow Gardens		Survey Dates:  May 30-June 5, 2017			
Facility Address/City/State/Zip 455 31 <sup>st</sup> Street Marion, Iowa 52302					
		DS			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

<b>58.28(3)e</b>	<p><b>481-56.6 (135C) Treble and double fines.56.6(1) Treble fines for repeated violations.</b> 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.</p> <p><b>481—58.28(135C) Safety.</b> The licensee of a nursing facility shall be responsible for the provision and Maintenance of a safe environment for residents and personnel. (III)</p> <p><b>58.28(3) Resident safety.</b> e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on observation, record review and staff interviews, the facility failed to provide adequate supervision to protect against hazards from self and elements in the environment. Resident #6 eloped from the facility. Eight residents wore Wanderguard devices (Bracelet to alert staff when nearing an alarmed Wanderguard door).</p>	<b>I</b>	<p><b>\$9,000 (Trebled \$3,000 X 3) Held in suspension</b></p>	<p><b>Upon Receipt</b></p>
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	<p>The facility reported a census of 75 residents.</p> <p>Findings include:</p> <p>1. Resident #6 had a MDS (Minimum Data Set) assessment with a reference date of 2/15/17. The MDS indicated the resident could independently transfer, walk and use the toilet. The BIMS (Brief Interview for Mental Status) scored the resident as a 2. A score of 2 reflected the resident had severe cognitive impairments.</p> <p>The form titled Resident Face Sheet identified diagnosis including the following: heart failure, hypertension (elevated blood pressure), diabetes, atrial fibrillation (irregular and often fast heart beat), major depressive disorder, restlessness, agitation and Alzheimer's disease.</p> <p>The facility performed an Elopement Risk assessment on 4/11/17, which identified the resident not at risk for an elopement. The assessment indicated the resident would look outside but did not open the doors. The resident would bang on the doors inside the facility. The Progress Note dated 4/4/17 indicated the staff noted the resident wandering and exit seeking lately that evening. The staff redirected and helped to bed. The Progress notes of 4/10/17 at 11:00 a.m. indicated the resident walked out the</p>			
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	<p>front door and staff redirected to his/her room.</p> <p>The facility performed an Elopement Risk assessment on 5/11/17. The assessment determined the resident had exit seeking behavior at times and had a wandering history. The assessment determined the resident to be at risk for elopement and unsafe.</p> <p>The Care Plan, last revision dated 2/27/17, identified a problem starting 4/11/16 with the potential for elopement regarding dementia, roaming throughout the facility and a new admission into the facility. The approaches directed staff to have a Wanderguard in place and check each shift for proper functioning. The goal identified the resident would not leave the building unattended before the next review (5/27/17).</p> <p>An Incident/Accident Report dated 5/14/17 at 3:30 PM indicated Resident #6 eloped through the east dining room door and found wandering in the east parking lot corner. The resident seemed alert, easily redirected and brought back to the resident's room.</p> <p>On 5/30/17 at 3:15 p.m. Staff B (housekeeper), was interviewed and stated she typically checks alarms once a day. The front door and the east</p>			
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	<p>doors have Wanderguard on the doors. Staff B stated she checked the alarms that Sunday and all functioned except the front and east door with the Wanderguard system. The Wanderguard checking devices were not functioning on Friday (5/12/17) and reported this to the Housekeeping Supervisor. On Sunday (5/14/17) the Wanderguard system did not sound at the front and east doors and the pod doors did not alarm. The east dining room door did not alarm. Staff did inform the housekeeping supervisor the Wanderguard checking device did not function. Staff B stated she did document the doors were checked but not functioning on the daily security door check sheet.</p> <p>On 5/31/17 at 1:40 PM with Staff C, Certified Nursing Assistant (CNA) stated alarms are not always able to be heard related to oxygen, television and location of room. On 5/31/17 at 2:10 PM the exit door at the end of the east hall was opened and entered room E 20. The sound of the door alarm could not be heard inside the room. The buzzer alarm sound for the door is located over one hundred feet away from the door at the nurse's station.</p> <p>On 5/31/17 at 2:15 PM Staff D, CNA was interviewed and stated the door alarms had a faint beeping and she could not always hear them</p>			
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	<p>when other things are going on in the building.</p> <p>On 5/31/17 at 2:50 PM Staff E (Housekeeping Supervisor) was interviewed and stated Staff B did report on 5/12/17 that the alarms did not function. Staff E stated he went to the central supply and found only one Wanderguard checking device left so he did not want to use the remaining one. Staff E stated on 5/17/17, the new devices arrived and he replaced the old devices with new devices and documented on the daily security door check sheet. Staff E stated he generally replaces the devices when not working or every 90 days.</p> <p>On 5/31/17 at 3:15 PM, Staff A, Licensed practical nurse (LPN), was interviewed and stated on 5/14/17 around 3:00 p.m. another resident informed him Resident #6 was outside. Staff A stated he exited through the east dining room door and the door did not alarm. Staff A stated he redirected the resident back into the facility and observed the Wanderguard <b>did</b> alarm but the other alarm on the door <b>did not</b> alarm. Staff A stated he checked the main control panel and noted the alarm shut off. Staff A stated he reported the incident to the supervisor on 5/14/17.</p> <p>On 5/31/17 at 4:00 PM the Director of Nursing (DON), was interviewed and stated she learned of</p>			
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	<p>the resident's elopement on 5/16/17, when she read it in the Progress Notes. The DON stated the facility started the investigation and did not know the Wanderguard checking device was not functioning to check the doors until 5/17/17. The device was replaced on 5/17/17. The DON stated she suggested the doors should be alarmed at the door instead of at the nurse's station control panel. The DON stated when completing door alarm checks, this should be done with two people so someone is always at the door. The DON stated this was implemented after the elopement on 5/14/17.</p> <p>On 5/31/17 at 4:15 PM the Administrator was interviewed and stated he learned during the investigation on 5/15/17, the push button on the outside was sticking and by passed the alarm. The Administrator stated the staff should not have waited until 5/17/17 to replace the Wanderguard checking device. The Administrator stated he was unaware someone had shut off the alarm system on the day of the incident. The Administrator stated new alarms were installed on every exit door in the facility. Alarms are loud enough to be heard when in the resident rooms now.</p> <p>A form titled <b><u>Elopement Management Program</u></b> (not dated), provided by the facility identified an</p>			
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	<p>elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge of leave of absence) and/or any necessary supervision to do so. A resident who leaves a safe area may be at risk of (or have the potential to experience) heat or cold exposure, dehydration and/or other medical complications, drowning or being struck by a motor vehicle.</p> <p>On 6/1/17 at 9:55 AM the Administrator stated the facility did not have a policy/procedure for checking the door alarms but it is understood to check daily.</p> <p>On 6/1/17 at 2:45 p.m., the Wanderguard door and other alarmed doors were checked with the housekeeping supervisor and the Administrator. All of the doors were alarmed and sounded when opened or when checked with a Wanderguard checking device.</p> <p><b>FACILITY RESPONSE:</b></p>			
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<b>50.7(4)</b>	<p><b>481-50.7 (10A,135C) Additional notification.</b> 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): <b>50.7(4)</b> 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.</p> <p><b>DESCRIPTION:</b></p> <p>Based on record review and staff interview, the facility failed to notify the Iowa Department of Inspections and Appeals within 24 hours or the next business day when a resident eloped from the facility. On 5/14/17 (Sunday), Resident #6 eloped from the facility and the facility did not report the elopement until 5/17/17 (Wednesday). The sample consisted of 9 residents and the facility reported a census of 75 residents.</p> <p>Findings include:</p> <p>1. An incident report dated 5/14/17 at 3:30 p.m. identified Resident #6 eloped through the east dining room door and was found wandering in the east parking lot corner. The report identified the resident to be alert and easily redirected into the</p>	II	\$500	Upon Receipt
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	<p>facility and returned to his/her room.</p> <p>The Progress Note dated 5/16/17 at 2:53 p.m. (late entry) by Staff A, Licensed Practical Nurse (LPN) identified he notified the supervisor about the resident's elopement.</p> <p>On 5/31/17 at 4:00 p.m. the DON (Director of Nursing) was interviewed and stated she was unaware of the 5/14/17 elopement until she read the Progress Notes on 5/16/17. The DON stated she initiated an investigation at that time and reported the incident on 5/17/17. The DON stated the House Supervisor was aware of the incident on 5/14/17 and did not follow up with anyone.</p> <p><b>FACILITY RESPONSE:</b></p>			
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