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
	IA0847	A. BUILDING: _____ B. WING _____	C 06/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW GARDENS CARE CENTER	455 31ST STREET MARION, IA 52302

(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
	Correction Date – 6/1/2017			
N 104	50.7(4) 481- 50.7 (10A,135C) 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 (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. This Statute is not met as evidenced by: 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. Findings include: 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 facility and returned to his/her room. 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.	N 104	Place Sep Alarmed	6/1/2017

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 6/19/2017

Campbell 6/20/17
50.7(4) POC ok

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N 104	Continued From page 1 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.	N 104		

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the facts alleged, or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law. The plan of correction constitutes our credible allegation of c compliance.

I. Resident #6 was immediately returned to the facility and assessed with no negative outcome identified. (The resident was in the facility east parking lot corner.) Resident #6 has secured placement in a CCDI Unit (Chronically Confused Dementia Illness Unit) and is scheduled for transfer on Tuesday, June 20, 2017. The administrator reported the elopement upon notification on May 17, 2017.

II. Facility residents were re-assessed for elopement risk. Nursing staff has verified the functionality of each resident's wander guard.

III. On May 17, 2017, facility staff was educated on the elopement policy, as well as timely reporting requirements. Facility management staff was educated by the corporate office on the elopement policy and timely reporting requirements on May 19, 2017.

IV. The Administrator and/or the Director of Nursing will complete random audits timely reporting of elopements weekly for 1 month, monthly for three months, then quarterly for two quarters. Results of the audits will be reviewed at the QAPI meetings for revisions as needed.

V. Compliance Date: June 1, 2017.