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DEPARTMENT OF INSPECTIONS AND APPEALS STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IA0847 B. WING 06/05/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **455 31ST STREET WILLOW GARDENS CARE CENTER MARION, IA 52302** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 104 Continued From page 1 N 104 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.

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.

- 1. 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.