DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____	(X3) DATE SURVEY COMPLETED
	520457	B. WING _____	C 08/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM OAKS	**4515 MELROSE AVENUE** **IOWA CITY, IA 52246**

(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
R 000	Initial Comments	R 000		
	No deficiencies were cited regarding the investigations of Incidents 69060-I or 69064-I.			
	The following deficiency was cited during the investigation of Incident 68770-I:			
R1024	57.34(3)c Safety	R1024	Chatham Oaks has reviewed and revised their policy related to "Resident Safety: Leaving the facility without Authorization." All clinical managers have been retrained on the policy and all staff will be retrained on the policy by Sept. 25, 2017. Management staff /Oncall administrator will be available 24/7 for consultation and/or guidance during and post incident. DON will be responsible for monitoring.	
	481-57.34(135C) Safety. The licensee of a residential care facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (I, II, III)			
	57.34(3) Resident safety.			
	c. Residents shall receive adequate supervision to ensure against hazard from themselves, others, or elements in the environment. (I, II, III)			
	This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 out of 3 residents reviewed received adequate supervision to ensure against hazard from themselves, others, or elements in the environment (Resident # 1). Findings include:			
	Resident #1 was admitted on 1/9/17 with a diagnosis of depression, schizoaffective disorder, generalized anxiety and PTSD. On 8/7/17 a review of Resident #1's incident reports revealed two elopements on 6/11/17. On 6/11/17 at 7:20 AM, Resident #1 could not be located during a routine head check. The resident was returned a few hours later and placed on 15 minute increased head checks. A second incident report			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

	TITLE	(X6) DATE
Diane Brecht, MSN, RN, Administrator		8/24/17

STATE FORM   6899   CW6J11   If continuation sheet 1 of 2

DEPARTMENT OF INSPECTIONS AND APPEALS

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R1024	Continued From page 1 dated the same day at 3:40 PM, Resident #1 eloped a second time. The resident was found and returned on 6/12/17 by police at 4:45 PM. A third incident report dated 6/12/17 revealed Resident #1 eloped 4 hours later after being placed back on 15 minute checks. Resident #1 never returned to the facility and was discharged several days later. On 8/7/17 at 1:10 PM, the Director of Nursing stated the resident was placed back on 15 minute checks upon return from the elopement on 6/12/17. Staff progress written by the Assistant Director of Nursing who was working at the time of Resident #1's return on 6/12/17 read: "Resident placed on increased checks every 15 minutes. Resident states [he/she] will just leave again, [he/she] doesn't care about meds and [he/she] just wants to be kicked out of Chatham Oaks." On 8/8/17 at 9:45 AM, the Assistant Director of Nursing confirmed Resident #1 was placed back on 15 minute checks and that she had not considered at the time increasing the supervision. Resident #1 eloped 4 hours later while being on 15 minute checks for the second time in two days. The resident never returned to the facility and was discharged.	R1024		

CHATHAM OAKS, INC.

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Phone 319-887-2701 • Fax 319-887-9154
www.chathamoaks.org

August 28, 2017

Deb Dixon, Program Coordinator
Health Facilities Division
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

Dear Ms. Dixon,

Incident #68770-I

Enclosed you will find the Plan of Correction for Chatham Oaks for the investigation that occurred on 8/7/2017. I have included the following:

1. Revised Policy: Resident Safety: Leaving the Facility without Authorization

The clinical management team has been retrained on the new policy and the remainder of staff required to complete the training are in process.

Sincerely,

Diane Brecht, RN, MSN
Administrator, Chatham Oaks