

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6651		Fine amount reduced by 35% to \$1,950.00 on October 3, 2017 pursuant to Iowa Code Section 135C.43A		
Facility Name: REM Iowa-Crestwood		Survey Dates: August 21-24, 2017		
Facility Address/City/State/Zip 3944 Crestwood Drive N W Cedar Rapids, IA. 52405		#69657-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
64.60	<p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319.</p> <p>Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, Fining and Citations," to enforce a fine to cite a facility.</p> <p>This rule is intended to implement Iowa Code Section 135C.2(3).</p>	I	\$3000.00	Upon Receipt
W249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>DESCRIPTION: Based on observations, interviews and record review, the facility failed to consistently implement client individual program plans (IPP). This affected 2 of 4 sample clients including 1 of 1 client involved in investigation #69657-I (Client #1 and Client #4).</p>			

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	<p>Findings follow:</p> <p>1. Record review on 8/21/17 revealed an Incident Internal Overview report signed by the Quality Improvement Specialist (QIS) on 7/25/17. The report noted on 7/15/17 at approximately 1:50 p.m. Client #1 paced the hallway at the facility. Direct Support Professional (DSP) A walked up the hallway and noticed the outside front door open. Staff discovered Client #1 left the building unsupervised. According to the report, Client #1's diagnoses included Profound Intellectual Disability, Autistic Disorder, Bipolar Disorder, Self-Injurious Behavior (SIB), PICA and Generalized Seizure Disorder.</p> <p>Further record review revealed Client #1's Individual Program Plan (IPP) to reduce acts of elopement/attempted elopement. The IPP identified not being engaged in an activity as a possible antecedent to elopement behavior. The IPP directed staff to prompt Client #1 to use the Put Em Around (communication device) each time he/she wanted to go outside and to know his/her whereabouts. The IPP documented additional information for staff to check on Client #1's approximately every 5 minutes to ensure his/her whereabouts and to ensure he/she had not eloped.</p> <p>Observations at the home on 8/21/17 at 2:30 p.m. revealed bolt type latches on the front and back gates of the home.</p> <p>When interviewed on 8/21/17 at 2:35 p.m., the</p>			
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	<p>Program Coordinator (PC) said staff told her the gate was latched but not locked on the day of the incident. She confirmed staff found Client #1 sitting in Lead Direct Support Professional (LDSP) A's vehicle. When asked to explain Client #1's level of supervision, she stated staff should know his/her whereabouts.</p> <p>When interviewed on 8/21/17 at 4:30 p.m. DSP B confirmed she pulled in the driveway to work on 7/15/17 at approximately 1:50 p.m. and saw Client #1 sitting in LDSP A's vehicle. She further confirmed she saw DSP A and DSP C outside and assumed they were looking for Client #1.</p> <p>When interviewed on 8/22/17 at 9:45 a.m. DSP C confirmed he was assigned supervision of Client #1 on 7/15/17. He defined Client #1's level of supervision at the time as staff should keep an eye on Client #1 at all times. He recalled he was in the living room with several other clients while they watched a movie on television. He confirmed he didn't know Client #1 left the building until DSP A asked his/her whereabouts. He estimated he last saw Client #1 in the hall at 1:40 p.m. - 1:45 p.m. DSP C said he looked in all the bedrooms and then went outside to look for Client #1. He said he walked down the street and then back to the home (approximately one block). He then saw Client #1 in the parking lot with DSP B.</p> <p>When interviewed on 8/22/17 at 10:25 a.m. DSP A confirmed she was helping a client clean his/her room in the back of the building on 7/15/17. She recalled seeing Client #1 "roaming" in the hall and later noticed</p>			

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	<p>the front door ajar. She asked about Client #1's whereabouts and DSP C didn't know. DSP A defined Client #1's supervision level as "within eyesight." She confirmed she went outside to look for Client #1 and within a few minutes saw DSP B walking with him/her in the driveway.</p> <p>When interviewed on 8/22/17 at 11:00 a.m. LDSP A stated he was working in the kitchen on 7/15/17 and came out when he heard DSP A ask DSP C Client #1's whereabouts. He stated Client #1 "should've been within someone's eyesight." He estimated he saw Client #1 about 10 minutes before he heard DSP A ask about him/her.</p> <p>When interviewed on 8/22/17 at 11:35 a.m. the Program Coordinator (PC) confirmed staff reported Client #1 eloped when she arrived to work on 7/22/17 at 2:00 p.m. She recalled staff recently informed her Client #1 learned how to unlock the gate. She said she reported the discovery to her boss and verbally directed staff to keep an eye on Client #1.</p> <p>When interviewed on 8/22/17 at 2:55 p.m. the QIS confirmed she participated in the investigation of Client #1's elopement on 7/15/17. She defined Client #1's level of supervision at the time as staff required to know his/her whereabouts. She confirmed staff failed to follow his/her established level of supervision on 7/15/17.</p> <p>2. Observation on 8/22/17 at 6:45 a.m. revealed Client #1 sat in a chair in the dining room. The Registered</p>			

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	<p>Nurse (RN), LDSP A and DSP A walked in and out of the area. No staff wore a colored bracelet.</p> <p>Observation at 7:45 a.m. revealed Client #1 sat at the table in the dining room and ate breakfast. LDSP A sat with him/her. He wore no colored bracelet. Client #1 got up and walked down the hall with the RN. DSP C stood outside on the back patio wearing the colored bracelet. When asked Client #1's whereabouts, DSP C stated he/she "should be in the dining room." He confirmed he didn't know Client #1's whereabouts. He further confirmed staff responsible for supervision of Client #1 wore a colored bracelet and noted the bracelet on his wrist.</p> <p>Record review on 8/22/17 revealed Client #1's IPP to reduce acts of elopement, revised on 7/19/17. The program noted the person responsible for knowing Client #1's whereabouts should wear a colored bracelet on their wrist.</p> <p>When interviewed on 8/21/17 at 3:45 p.m. LDSP B confirmed staff wore a colored bracelet to acknowledge supervisory responsibility for Client #1. She noted staff should pass the bracelet to another staff if necessary to assure his/her supervision level is maintained.</p> <p>3. Observation on 8/22/17 at 9:10 a.m. revealed Client #1 walked out the front door to get on the van to go to the day program. DSP C walked with him/her past the Put Em Around communication device. DSP C failed to prompt Client #1 to push the device.</p>			

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<p>Observation on 8/23/17 at 8:55 a.m. revealed Client #1 walked past the RN, out the back door onto the patio. She failed to prompt him/her to press the Put Em Around to indicate he/she wanted to go outside.</p> <p>Further observation on 8/23/17 at 9:20 a.m. revealed Client #1 walked out the front door to get on the van to go to the day program. Staff in the area failed to prompt him/her to use the device on the wall to indicate he/she wanted to leave the building.</p> <p>Record review on 8/22/17 revealed Client #1's IPP to reduce elopement included direction to staff to prompt Client #1 to use the Put Em Around communication device each time he/she left the building.</p> <p>When interviewed on 8/23/17 at 10:30 a.m. the Qualified Intellectual Disability Professional (QIDP) confirmed staff should prompt Client #1 to use the communication devices each time he/she went outside so he/she would learn to notify staff he/she wanted to leave the building.</p> <p>4. Observation at REM Developmental Services (RDS), the day program on 8/22/17 at 2:30 p.m. revealed DSP D drank from a large cup (approximately 32 ounces). She placed the cup on a table and walked away to assist a client. Client # 4 walked to the table and drank from the cup. DSP E approached him/her, verbally prompted "spit it out" and squeezed Client #4's cheeks. Client #4 spit liquid and ice into the cup.</p>				

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	<p>Record review on 8/23/17 revealed Client #4's IPP to refrain from consuming unscheduled liquids. The program noted possible antecedents to the behavior included liquids being left out in the open. De-escalation techniques included increasing staff supervision and putting all liquids away. Interventions included staff implementation of de-escalation techniques, directing Client #4 to take a break in a quiet area, providing him/her with a direct verbal prompt (e.g. it's not time for liquids) and blocking his/her consumption. The IPP noted day program staff should follow the same interventions as described for the home setting. Interventions did not include squeezing Client #4's cheeks.</p> <p>When interviewed on 8/23/17 at 12:25 p.m. the QIDP confirmed staff should have followed the IPP and verbally prompted Client #4 not to consume liquids. He stated staff should not squeeze his/her cheeks.</p> <p>When interviewed on 8/23/17 at 12:55 p.m. the PC stated staff should not squeeze Client #4's cheeks and should not leave drinks out in front of him/her per the IPP.</p> <p>FACILITY RESPONSE:</p>			

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