Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3)e	**481-58.28(3) *Resident safety.*** ***e.* Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)** **[ARC 1398C, IAB 4/2/14, effective 5/7/14]** **DESCRIPTION:** Based on observation, policy review, clinical record review, and interviews with staff, family, community members and police officer, the facility failed to provide adequate supervision to protect 1 of 4 residents from hazards. Record review revealed Resident #1 with a known history of attempts to exit the facility unattended and the resident wore a Secure Care alarm bracelet. On 10/16/17, Resident #1 wandered a few block away from the facility without staff knowing her whereabouts. Interviews with staff revealed one staff turned off the door alarm after hearing it but could not distinguish the difference between the Secure Care bracelet alarm and the door alarm; and this also staff failed to completely search the area. Staff interviews revealed no staff were aware of Resident #1 whereabouts until alerted by the city police. The facility identified a census of 52 residents. Findings include: An Admission Record form dated 10/18/17 indicated Resident #1 had been admitted to the facility on 2/10/17 with diagnosis that included dementia with Lewy bodies, unspecified pain, difficulty walking, anxiety, weakness and a personal history of urinary tract infections.	**I**	**$ 5000.00** **Held In Suspension**	**Upon Receipt**

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Review of a Minimum Data Set (MDS) assessment form dated 7/26/17, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 and ambulated independently. A Care Plan with a focus area initiated 2/13/17 indicated the resident had been at risk for wandering/elopement related to disorientation to place and a history of attempts to exit the facility unattended. A Resident Care Guidelines form dated 5/8/17 indicated the resident wore a Secure Care bracelet (wanderguard device) dated 8/2/17. A Wandering Risk Scale form dated 7/30/17 at 1:42 p.m. indicated the resident had been at risk to have wandered. An Analysis of Fall Risk Assessment form dated 2/13/17 indicated the resident as at a low risk for falls. An Analysis of Fall Risk Assessment form dated 10/26/17 indicated the resident as at a medium risk for falls. Review of the facilities Treatment Administration Records (TAR) documented the facility staff recorded the number of times the resident attempted to elope as follows: a. August 8, 2017- 2 times (x) on the evening shift. b. August 13th - 1 x on the evening shift. c. August 21st - 2 x on the day shift. d. August 23rd - 3 x on the evening shift.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	e. August 25th - 3 x on the day shift. f. August 30th - 1 x on the evening shift. g. September 4th - 1 x on the day shift. h. September 8th, 16th, 22nd and 23rd - 1 x on the evening shift. i. October 7th and 16th - 1 x on the evening shift. Review of the facilities Progress Notes included the following entries as dated: a. 6/4/17 at 4:49 p.m. - The resident had been at the door and attempted to go outside by himself/herself. A Secure Care bracelet had been applied. b. 9/20 at 9 p.m. - The resident had been exit seeking all evening however easily redirected by staff. c. 9/28 at 7:20 p.m. - The resident got confused at times and thought he/she could have left the building however easily redirected. d. 10/16 at 8:15 p.m. - The resident left the facility undetected after 2:30 p.m. and the city Police Department (CCPD) notified the facility he/she had been found at 804 2nd Street in Charles City. The facility staff went to the residence and the resident returned with them. The resident told the staff he/she wanted to go for a walk and get some fresh air but guessed he/she went too far. Temperature 98.9 degrees, pulse 115, respirations 22 and a blood pressure of 149/120. The resident had a superficial abrasion with eschar that measured 1.6 centimeters (cm) x 0.3 cm. (the documentation failed to include the location). The resident had been in no distress. During an interview 11/8/17 at 3:57 p.m., a community member indicated she just happened to walk out of her house and observed the resident and another gal			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	standing on the sidewalk just past her house. The community member approached them and asked if they needed help. As they turned around she recognized the resident and found out he/she had gone for quite a walk. The community member went back to her house and retrieved a chair and some water for the resident. The gal that had been with the resident called 911 and a police officer arrived along with staff members who returned the resident to the facility. During an interview 11/8/17 at 10:42 a.m., a community member indicated the resident had walked to Johnson Street when another community member 1st observed the resident and walked with the resident past her house as someone else from the community text her to ask what had been going on because the police had been outside of her house. This community member looked out her window and observed the resident with a police officer and the community member that had escorted the resident to that location. At that point the resident had been setting in a lawn chair with a glass of water. Staff from the facility then arrived and escorted the resident back to the facility. During an interview 11/8/17 at 3:30 p.m., a police officer (CCPD) confirmed he responded to the call which originally gave the location of the resident as on Johnston Street but when he arrived to the area no one had been present. When he did find the resident he had been told a community member attempted to walk with the resident back to the facility when the resident became tired and sat down on a lawn chair on 2nd street and given a glass of water. When the police			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	officer visited with the resident he/she identified his/her first name so he called dispatch and requested they call the facility to see if a resident by that name resided there. When the dispatcher called the facility the person that answered the telephone stated she did not know if a resident by that name resided at the facility and she would have to check. The police officer continued conversation with the resident who later identified his/her last name so he called dispatch again and requested they call the facility and have their staff come pick up the resident. During an interview 11/7/17 at 2:40 p.m., the resident indicated it had been a beautiful sunny day when he/she went for a walk and he/she never gave it any thought but rather tore a little ground. The resident indicated he/she went out the east door and then changed and stated the west door of the facility. The resident had been unaware if he/she had fallen but thought he/she had been a little tired after the stroll. An observation 11/9/17 at 8:20 a.m. revealed the speed limit on 11th Street located in front of the facility as 25 miles per hour (mph) west to main street. The speed limit North on Main Street had 25 mph until 4th street where the speed limit increased to 30 mph which continued past 2nd Street. During an interview 11/8/17 at 9:36 a.m., Staff A, Licensed Practical Nurse (LPN) confirmed she had been the charge nurse the day the resident eloped. The staff member stated visitors entered the building around 2:30 p.m. and the door alarm sounded but she never paid any attention to the type of sound to			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	distinguish if the door alarm had been the front door or the Secure Care alarm. The staff member then showed the visitors how to properly code into the building so the alarm would not sound. The staff member thought the resident must have slipped out when the visitors entered. The staff member stated she used the key pad on the wall across from the nurse's station and pointed to the key pad on the wall outside of the front door at which time she looked down the front sidewalk of the building but failed to go to the door and look around (east, west and or north). The staff member indicated the resident had been exit seeking during the time period of the elopement because he/she had a urinary tract infection but the attempts had not been as bad on that day. The staff member confirmed she received a call from the CCPD at an unknown time and had been informed a visitor by the name of the resident required help. The staff member called a code purple but the staff had been unable to locate the resident. The staff member then stated she called the CCPD back and wanted confirmation the person who required assistance had been the resident but the dispatcher had been unable to confirm so the staff members continued to look for the resident. Eventually the CCPD returned call and stated an officer had been on the scene and confirmed it had been the resident. Staff B, Administrator and a couple of the girls went to get the resident. When the resident returned to the facility he/she had been tired, warm and thirsty and wanted to sit down. The staff member assessed the resident and found a scratch on his/her left outer ankle. During an interview 11/8/17 at 9:15 a.m., a physician			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	confirmed when a resident had Lewy body dementia their cognitive status had been known to come and go and a person just never knew where they would be at cognitively from minute to minute. During an interview 11/7/17 at 3:27 p.m., the Activity Director confirmed the resident arrived for a manicure in the dining area at around 2:15 p.m. The staff member knew a visitor had been there around 2:30 p.m. but after that she could not recall the time elements of events. During an interview 11/7/17 at 2:26 p.m., Staff C, LPN confirmed Staff A told her she received a telephone call from the CCPD that the resident had been at someone's house so they called a code purple to check for any missing residents. Staff were looking in and around the building while Staff B went in her car to look for the resident. Staff A received another call the police had been with the resident but he/she refused to go with the officer so the Administrative Secretary and Assistant Administrative Secretary went to get the resident. When the resident re-entered the building the Secure Care alarm sounded and she knew it had been the Secure Care alarm because it made a different sound than the front door alarm. During an interview 11/8/17 at 10:25 a.m., Staff B confirmed she had been outside of the building when she heard the code purple over the paging system. When she entered Staff A informed her she received a call about a visitor by the same name of the resident in the community. The staff searched the building and the grounds and could not locate the resident. The			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	plan at that point had been for staff to return call to the CCPD to clarify if the person in the community had been the resident as Staff B left the facility in her car to search for the resident. While driving she called back to the facility and received clarification as to where the resident had been located so she drove to that location. The staff member found the resident setting in a lawn chair in front of a residential house drinking a glass of water with a police officer present and 3 ladies from the community. When the staff member spoke with the resident he/she could not recall the path he/she had taken to the current location but he/she knew he/she had not fallen but he/she had stumbled at one point. Additionally the resident stated he/she sat a rested on a park bench at one point. The staff member asked the resident if he/she had been ready to go home and the resident said yes. As they started to walk to her car the Administrative Secretary and Assistant Administrative Secretary arrived and assisted the resident into that car and returned to the facility. All the while the resident kept saying he/she just wanted to go for a walk. This staff member also provided a typed statement dated 10/17/17 which included the following documentation: When she asked the family friend what the resident said during the telephone call around 3 p.m. the resident placed via his/her cell phone during the walk the family friend stated the resident said he/she had been somewhere that he/she had not belonged. During an interview 11/7/27 at 2:55 p.m., the Maintenance man confirmed he responded to the code purple and checked the grounds which included all of			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the gaits in the courtyard which had been all secured with intact locks. During an interview 11/7/17 at approximately 1:39 p.m., the Assistant Administrative Secretary confirmed Staff A entered her office and said the Resident had been with family and refused to come back to the facility related to a telephone call she had received. The facility staff called a code purple and checked the facility and the grounds. The facility received another telephone call who informed them the resident had been on 2nd Street. The Assistant Administrative Secretary and the Administrative Secretary went to get the resident. When they arrived the resident had been standing with Staff B by her car and when asked if he/she had been ready to go home, and she said yes, she was thirsty. The staff member assisted the resident into the Administrative Secretaries car and while they drove she asked the resident what he/she had been doing and the resident stated he/she wanted to go for a walk. The staff member asked him/her what door he/she exited the facility from and he/she said I think the front door but I cannot remember. When they re-entered the facility the Secure Care alarm sounded and they assisted the resident to his/her room, assisted the resident into the recliner and gave him/her some water. During an interview 11/8/17 at 10 a.m., the Administrative Secretary confirmed she received a call from the CCPD so she transferred the telephone call to Staff A. Staff A then pointed towards the resident's room as if for her to check and see if the resident had been present however the resident had been gone.			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Staff A called a code purple so the facility staff checked the building and the grounds. Staff A received another telephone call at which time she was informed the resident needed to have been picked up so herself and the Assistant Administrative Secretary went to get the resident. When they arrived Staff B had been present along with 2 ladies from the community. The Assistant asked the resident what he/she had been doing and the resident stated he/she just wanted to go for a walk and get some fresh air. When the staff members assisted the resident into the car the Assistant asked the resident what door he/she went out and the resident thought the front door of the facility but he/she could not remember. The resident mentioned she had been tired and would have liked a drink of water. During an interview 11/7/17 at 3:35 p.m., Staff D, Certified Nursing Assistant (CNA) confirmed she assisted with the code purple and then went back to her own work. The staff member observed the Administrative Assistant code into the building when she returned with the resident and the Secure alarm sounded upon entry. During an interview 11/7/17 at 10:53 a.m., a family friend confirmed the resident called him/her at around 3 p.m. and said he/she wanted to do something and that he/she had been at the court house. During an interview 11/8/17 at 1:30 p.m., the Director of Nursing (DON) confirmed the facilities front door Secure Care alarm (wanderguard) sounded with an intermittent beeping sound and the front door			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Advantage 1000 door alarm sounded continuously until both had been disarmed. Review of the facilities October 2017 activity calendar indicated manicures had been scheduled 10/16/17 at 2:30 p.m. A Code Purple policy (not dated), directed the facility staff on the proper procedure to have been performed when a missing or a resident elopement had been identified. The policy included the following: All public exit door are equipped with a Secure Care Alarm, and there are 2 types of alarms. Door alarms are equipped with the basic panel and sound if the door is opened and a resident with a monitoring alarm bracelet is close or had gone through (the door). The policy addressed the purpose of the secure care alarms was to assure residents did not elope from the facility undetected. On 10/16/17, the facility abated the IJ when they re-educated all staff on the distinguishable difference between the Secure Care Alarm bracelet alarm and the door alarms sounds. At this same time the facility also provided retaining on the facility Code Purple Missing or Elopement policy for conducting a comprehensive search (including searching outside & accounting for all residents) . The facility provided demonstrations, and asked staff questions to ensure staff knew the difference between the alarm sounds of the secure care code door alarm verse the secure care monitoring bracelet alarm. Individual training was completed for Staff A (and other staff not present for			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **6704**			**Date:** **December 1, 2017**
Facility Name: **Chautauqua Guest Home #2**		**Survey Dates:** **November 7-9, 2017**	
Facility Address/City/State/Zip **602 Eleventh Street** **Charles City, IA 50616**			
	HL		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	the in-service prior to working). The maintenance staff verified and continued to monitor the functioning of all door alarms and all residents(3) with secure care bracelets. The resident was also moved to the CCDI unit. **FACILITY RESPONSE:**			

_____ _____

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).