Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6707	**Fine amount reduced by 35% to $650.00 on December 15, 2017 pursuant to Iowa Code Section 135C.43A**		**Date: December 5, 2017**
Hills and Dales		**Survey Dates: November 13-16, 2017**	
1011 Davis Street Dubuque, Iowa 52001			
	DS		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
64.34(135C) **+** **50.9(4)**	**481-64.34(135C) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse.** The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2013 Iowa Acts, senate File 347, and rule 481-50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse (I,II,III). **481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.** **50.9((4)** Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the facility. (I, II, III). **DESCRIPTION:** Based on interview and record review, the facility failed to consistently obtain an employee background history and abuse checks within 30 days of hire for 2 new employees (Personal Assistant A and Personal Assistant B).	**II**	**$500**	**Upon Receipt**

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Facility Administrator Date

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	Findings follow: Record review on 11/13/17 revealed Personal Assistant (PA) A, was hired 5/13/17. The initial Single Contact and License Background Check (SING) was completed 4/05/17, which was more than 30 days prior to PA's date of hire. A second SING was completed 5/15/17. Both background checks revealed no record of child or dependent adult abuse, sex offender or criminal history. Record review on 11/13/17 revealed PA B, hired 10/09/17. The initial SING background check was completed 8/18/17, which was more than 30 days prior to PA B's date of hire. A second SING was completed 10/10/17. Both background checks revealed no record of child or dependent adult abuse, sex offender or criminal history. When interviewed on 11/13/17 at 1:00 p.m. the Human Resource (HR) Director acknowledged the initial background checks were done more than 30 days prior to hire for PA A and PA B. She said the facility realized it after the employees were hired and did a second background check. She noted both employees only worked one day prior the second background check. The HR Director stated the employees did paperwork and training on their first day and did not work directly with the clients. The facility			

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	recently implemented procedures to ensure staff were not hired after more than 30 days after the background check. **FACILITY RESPONSE:**			

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64.60 **+** **W249**	**481—64.60 (135C) Federal regulations adopted—conditions of participation.** Regulations in 42 CFR Part 483, Subpart D, 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. Classification of violations is I, II, and III, determined by the division using the provisions in 481—Chapter 56, "Fining and Citations," to enforce a fine to cite a facility. This rule is intended to implement Iowa Code section 135C.2(3). **483.440(d)(1):** As soon as the interdisciplinary team has formulated a client's individual 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. **DESCRIPTION:**	**II**	**$500**	**Upon Receipt**

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	Based on interview and record review, facility staff failed to follow the client Individual Program Plans (IPPs) as written which resulted in a client elopement. This affected 1 of 1 client (Client #8) Findings follow: Record review on 11/13/17 revealed a facility internal investigation, initiated 10/21/17. According to the internal investigation, on 10/21/17 Client #8 left his/her bedroom at approximately 10:06 p.m. while Personal Assistant (PA) C completed a check at the neighboring home/unit, Northern Valley. Client #8 eloped to an outside patio at approximately 10:10 p.m. Licensed Practical Nurse (LPN) A responded after Client #8 rang the doorbell at 10:11 p.m. PA C failed to ensure Client #8's mat alarm worked properly prior to leaving his/her bedroom, turned off Client #8's bedroom door alarm, and failed to take the client's sound monitor with her when she left to complete the check of the neighboring home/unit. Client #8 was 17-years old and resided in the Prairie Ridge Home (unit) at the facility. Client #8's diagnoses included, but were not limited to: severe intellectual disabilities, organic brain syndrome, pervasive developmental disorder, attention deficit hyperactivity disorder, PICA			

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	(ingestion of inedibles), and Lennox-Gastaut Syndrome with tonic seizures. Record review on 11/14/17 revealed Client #8's Individual Program Plan (IPP), dated 5/17/17. The IPP included a procedure for the use of monitors. The procedure instructed staff to turn on the sound monitor and mat alarm anytime Client #8 slept for the evening or took a nap. The procedure also included the use of a motion sensor on the client's bedroom doorframe when he/she was in bed for the evening to alert staff if he/she were to walk out of his/her room in the middle of the night. Client #8's IPP also noted a procedure for leaving the home unattended. The procedure instructed staff to immediately follow Client #8 if he/she left the home due to his/her potential for falling from seizure activity. Review of the facility video surveillance on 11/14/17 revealed the following: a. At 10:04 p.m., PA C left Prairie Ridge Home and went across the hall to Northern Valley Home. b. At 10:06 p.m., Client #8 exited his/her bedroom and walked to the home's living room. c. At 10:07 p.m., Client #8 left Prairie Ridge Home, walked in the hallway toward the nurses' station, and then turned right at the nurse's station, down another hallway that led to an exit			

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	door about half way down the hallway. d. At 10:08 p.m., PA C walked back to Prairie Ridge Home, approached Client #8's bedroom, picked up something off the floor then sat down in a chair by the kitchen e. At approximately 10:10 p.m., Client #8 walked out of the exit door to an outside patio and immediately turned around toward the door. Client #8 wore pajama pants, a t-shirt, and had no socks or shoes on. f. At 10:11 p.m., LPN A assisted Client #8 back inside and to Prairie Ridge Home. According to Wunderground.com, on 10/21/17 at approximately 10:00 p.m. the weather was overcast with a temperature of 69 degrees and a south wind at 13.8 miles per hour. When interviewed on 11/14/17 at 12:15 p.m., the Qualified Intellectual Disabilities Professional (QIDP) A confirmed neither the mat alarm, nor the motion sensor were on at the time of the incident. He noted PA C admitted she turned off the motion sensor when interviewed during the internal investigation. When interviewed on 11/14/17 at 1:30 p.m., LPN A stated he was in the office located at the nurses' station when he heard the doorbell ring at approximately 10:15 p.m. on 10/21/17. He stated			

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	he went to check and found Client #8 standing outside. LPN A said he assisted Client #8 back to Prairie Ridge Home and informed PA C of the incident. LPN A said PA C reported she did a check in the Northern Valley Home but did not take the sound monitor with her. LPN A stated Client #8's mat alarm and motion sensor were not on at the time of the incident. He explained staff were able to hear the alarms when at Northern Valley Home. He confirmed staff were to carry sound monitors with them when they completed checks in another home. When interviewed on 11/14/17 at 3:30 p.m., PA C stated she worked the overnight shift at Prairie Ridge and Northern Valley Homes on 10/21/17. She said at approximately 9:45 p.m. she assisted Client #8 to change his/her brief and helped him/her back to bed. PA C said she reset the mat alarm because it sounded, set the control box on the floor, and sat in Client #8's bedroom doorway to visually monitor him/her. PA C admitted she turned off the motion sensor because it continued to sound while she sat in the doorway. PA C said after 15-20 minutes, she closed Client #8's bedroom door because she thought he/she was asleep. PA C explained an alarm in Northern Valley Home sounded so she walked across the hall to check it and returned to Prairie Ridge Home within a few minutes. PA C stated she did			

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	not bring Client #8's sound monitor with her since she did not plan to be gone more than a few minutes. PA C said a few minutes later LPN A came into the home with Client #8 and informed her Client #8 had gone outside. PA C confirmed she was unaware of Client #8's absence. PA C said she traded duties with PA D for the rest of the shift. She reported PA D told her the mat alarm was not on, it was disconnected from the power box. She stated she had reset the alarm by pushing the button but never disconnected it when she assisted Client #8 with a brief change. PA C reported she handed PA D Client #8's door motion sensor but could not recall when she picked it up. PA C confirmed staff were to carry the sound monitors with them when they left the unit. When interviewed on 11/14/17 at 7:20 p.m., PA D said on 10/21/17 around 10:00 p.m. she was in Northern Valley Home completing a treatment when PA C entered. She stated PA C assisted a client and left the home within two to three minutes. PA D said she changed duties with PA C following the incident involving Client #8. PA D explained after she traded duties, Client #8 got out of bed but the mat alarm did not sound. PA D reported she discovered the alarm was disconnected from the power box so she reconnected it. PA D said she obtained the			

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	motion sensor from PA C and put it back on the doorframe. PA D confirmed staff were to carry sound monitors with them when doing checks in another home. When interviewed on 11/15/17 at 11:05 a.m., QIDP A confirmed PA C failed to follow Client #8's IPP, as written, which resulted in Client #8 eloping from the facility. He explained Client #8's alarms were audible in the other home and activated both alarms; the surveyor was able to hear both alarms while in the Northern Valley Home with the door open and closed. He said PA C failed to take the sound monitors with her when checking the other home. He confirmed staff were to carry the sound monitors when checking another home. **FACILITY RESPONSE:**			

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