

**Department of Inspections and Appeals**  
**Health Facilities Division**  
**Citation**

Number 6719	Report date December 14, 2017			
Facility name Neuro Restorative Iowa City	Survey dates October 25, 26, 30, 31, and November 27, 2017			
Facility address 4569 Jenn Lane Iowa City, IA. 52240				
	HL			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date
56.12 (135C)	<p>481—56.12(135C) Class I violation as a result of multiple lesser violations. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.</p>	I	\$3,750.00	Upon Receipt
63.23(135C)e  AND  63.47(13) a.	<p>481—63.23(135C) Safety. e. Residents shall receive adequate supervision to ensure against hazards from themselves, others, or elements in the environment. (II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on interview and record review the facility failed to ensure adequate supervision was provided for 2 of 2 current residents reviewed (Residents #2 and #1). Findings follow:</p> <p>1. Record review revealed Resident #2 was admitted to the facility on 6/16/17 from a psychiatric unit at a hospital. Resident #2's diagnoses included traumatic brain injury and vascular dementia with behavior disturbances. A hospital report dated 5/27/17 indicated the hospitalization, prior to admission to the facility, was a result of Resident #2 being missing for several hours and being arrested for 5th degree theft. In addition, Resident #2's family member reported Resident #2 had a history of loitering and rummaging through garbage cans. The Administrator sent out a memo to staff dated 6/16/17 directing staff to watch Resident #2 closely to ensure there were no elopement attempts.</p>			

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	<p>Resident #2 eloped from the facility on 6/19/17 and 6/20/17. The Administrator sent another memo to staff dated 6/20/17 which instructed staff to remain with Resident #2 while he/she was outside smoking or keep visual contact on him/her when outside "at all times" due to the two elopements. Resident #2 eloped from the facility again on 7/18/17, 7/20/17, 7/21/17, 7/24/17, 7/30/17, 8/1/17 and 9/28/17.</p> <p>A Behavior Support Plan (BSP) was provided to staff by the Behavior Analyst on 7/25/17 with the direction to "start using it immediately". The Behavior Analyst sent a memo to staff again on 8/1/17 stating they should begin using the plan "immediately."</p> <p>In an interview with the Behavior Analyst on 11/27/17 at 12:52 PM, she reported the plan had not been implemented when she reviewed the behavior tracking sheets on 8/1/17. On 8/29/17, the Behavior Analyst sent another memo to staff regarding use of the plan and data collection sheets. She wrote, "In the last 2 weeks, out of 14 possible data collection days, 1st shift staff had only completed the aforementioned task 4 times. In the last 2 weeks, out of 14 possible data collection days, 2nd shift staff had completed this task 9 out of 14 times."</p> <p>During an interview with Staff J on 10/27/17 at 9:01 AM, she stated she was surprised when she arrived at the facility one morning to find the only staff person on duty asleep, especially because of Resident #2's history of elopement.</p> <p>During an interview with Staff O on 11/27/17 at 12:26 PM, she stated staff do not go outside with Resident #2 at this time, but they always watch him. Staff O did not think Resident #2 was safe when he eloped from the facility as Resident #2 was often found walking along a busy highway. Staff O reported a time when she was driving to</p>			

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	<p>the facility and found Resident #2 walking along the highway. Staff O picked up Resident #2 and returned him to the facility. Staff O found Staff M sitting in the living room. Staff O reported Staff M told her she thought Resident #2 was in his bedroom.</p> <p>During an interview with Staff P on 11/27/17 at 12:03 PM, he stated when Resident #2 was outside, he checked on the resident every minute. Staff P reported he believed the requirement of keeping Resident #2 in the line of sight changed when the new Behavior Support Plan was put into effect on 7/25/17. The BSP made note of the memo written by the Administrator on 6/20/17 requiring Resident #2 to remain in the line of sight of staff when outside. Staff P did not believe Resident #2 was safe to go on unsupervised walks due to his inability to follow safety cues.</p> <p>During an interview with Staff B and the Behavior Analyst on 10/31/17 at 11:32 PM, they confirmed the facility policy was for all staff members to be awake at work. The Behavior Analyst confirmed when Resident #2 was outside of the bedroom, staff were to keep him within their line of sight at all times. The Behavior Analyst stated Resident #2 should have never been out of staff eye sight when outside smoking and that if staff had followed the Administrator's memo dated 6/20/17, that should have taken care of it (the eloping) but that staff obviously "were not taking the memo seriously."</p> <p>2. During an interview with Resident #1 and Staff M on 10/25/17 at 10:12 AM, the resident reported being improperly transported by Staff D in a wheeled walker which resulted in a fall. Resident #1 reported telling Staff D repeatedly he/she was sitting on the seat of the wheeled walker backwards.</p> <p>When interviewed on 10/25/17 at 3:47 PM, Staff E</p>			

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	<p>reported hearing Resident #1 yelling at Staff D, "I told you I was on wrong." Resident #1 was lying on the floor when she arrived at the scene. No documentation regarding this incident was located.</p> <p>During an interview with Staff D on 10/31/17 at 3:28 PM, Staff D could not recall ever transporting Resident #1 in a wheeled walker.</p> <p>On 10/26/17 at 10:55 AM, Staff G reported training Staff D on proper usage of the wheeled walker and that Resident #1 should not be pushed when sitting on the seat of the walker.</p> <p>Interview with Staff N on 10/25/17 at 12:58 PM revealed a wheeled walker was not to be used as a wheelchair. Staff N provided a facility in-service on 10/10/17 to train staff on how to properly transfer/transport individuals.</p> <p><b>AND:</b></p> <p><b>63.47(13)a.</b>  <b>An individual program plan shall be developed and implemented for each individual accepted for service, regardless of the individual's chronological age or developmental level. (I, II)</b></p> <p>Based on interview and record review, the facility failed to ensure staff followed the individual program plan for 1 of 2 residents reviewed (Resident #2). Findings follow:</p> <p>1. Record review revealed Resident #2 was admitted to the facility on 6/16/17 from a psychiatric unit at a hospital. Resident #2's diagnoses included traumatic brain injury and vascular dementia with behavior disturbances. A hospital report dated 5/27/17 indicated the hospitalization, prior to admission to the facility, was a result of Resident #2 being missing for several hours and being arrested for</p>			

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	<p>5th degree theft.  The Administrator sent out a memo to staff dated 6/16/17 directing staff to watch Resident #2 closely to ensure there were no elopement attempts.</p> <p>Resident #2 eloped from the facility on 6/19/17 and 6/20/17. The Administrator sent another memo to staff dated 6/20/17 which instructed staff to remain with Resident #2 while he/she was outside smoking or keep visual contact on him/her when outside "at all times" due to the two elopements. Resident #2 eloped from the facility again on 7/18/17, 7/20/17, 7/21/17, 7/24/17, 7/30/17, 8/1/17 and 9/28/17.</p> <p>A Behavior Support Plan (BSP) was provided to staff by the Behavior Analyst on 7/25/17 with the direction to "start using it immediately". The BSP included a step for staff to offer the resident a brief daily trip to the gas station. The Behavior Analyst sent a memo to staff again on 8/1/17 stating they should begin using the plan "immediately."</p> <p>In an interview with the Behavior Analyst on 11/27/17 at 12:52 PM, she reported the plan had not been implemented when she reviewed the behavior tracking sheets on 8/1/17. On 8/29/17, the Behavior Analyst sent another memo to staff regarding use of the plan and data collection sheets. She wrote, "In the last 2 weeks, out of 14 possible data collection days, 1st shift staff had only completed the aforementioned task 4 times. In the last 2 weeks, out of 14 possible data collection days, 2nd shift staff had completed this task 9 out of 14 times."</p> <p>During an interview with Staff O on 11/27/17 at 12:26 PM, she stated staff do not go outside with Resident #2 at this time, but they always watch him. Staff O reported a time when she was driving to the facility and found Resident #2 walking along the highway. Staff O picked up Resident #2 and returned him to the facility. Staff O found Staff M</p>			

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	<p>sitting in the living room. Staff O reported Staff M told her she thought Resident #2 was in his bedroom.</p> <p>During an interview with Staff P on 11/27/17 at 12:03 PM, he stated staff were now following Resident #2's behavior plan. He also stated when Resident #2 was outside, he checked on the resident every minute. Staff P reported he believed the requirement of keeping Resident #2 in the line of sight changed when the new Behavior Support Plan was put into effect on 7/25/17. The BSP made note of the memo written by the Administrator on 6/20/17 requiring Resident #2 to remain in the line of sight of staff when outside.</p> <p>During an interview with Staff B and the Behavior Analyst on 10/31/17 at 11:32 PM, the Behavior Analyst confirmed when Resident #2 was outside of the bedroom, staff were to keep him within their line of sight at all times. The Behavior Analyst stated Resident #2 should have never been out of staff eye sight when outside smoking and that if staff had followed the Administrator's memo dated 6/20/17, that should have taken care of it (the eloping) but that staff obviously "were not taking the memo seriously."</p> <p><b>FACILITY RESPONSE:</b></p>			

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50.7(4)	<p><b>481—50.7(10A,135C) Additional notification.</b> The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III):</p> <p><b>50.7(4) When a resident elopes from a facility.</b> For the purposes of this subrule, "elopes" means when a resident who has impaired decision-making ability leaves the facility without the knowledge or authorization of staff.</p> <p><b>DESCRIPTION:</b></p> <p>Based on interview and record review the facility did not notify the Department of elopements as required for 1 of 1 resident reviewed who left the facility without permission (Resident #2). Findings follow:</p> <p>A review of incident reports and monthly progress reports revealed Resident #2 eloped from the facility on 6/19/17, 6/20/17, 7/18/17, 7/20/17, 7/21/17, 7/24/17, 7/30/17, 8/1/17 and 9/28/17. These elopements were not reported to the Department.</p> <p>Resident's #2's diagnoses included traumatic brain injury, vascular dementia with behavioral disturbances.</p> <p>During an interview with Staff P on 11/27/17 at 12:03 PM, he stated staff were now following Resident #2's behavior plan. Staff P did not believe Resident #2 was safe to go on unsupervised walks due to his inability to follow safety cues.</p> <p>During an interview with Staff O on 11/27/17 at 12:26 PM, Staff O did not think Resident #2 was safe when he eloped from the facility.</p> <p>Interview with Staff B and Staff C on 10/31/17 at 10:42</p>	II	\$500.00	Upon Receipt

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	AM revealed they were not aware of the reporting requirements regarding elopement. <b>FACILITY RESPONSE:</b>			

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