Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **#6809**	**Amended Citation – Fine amount reduced by 35% to $325.00 on June 13, 2018. Pursuant to Iowa Code Section 135C.43A**	**Date:** **June 1, 2018**
Facility Name: **North Iowa Transition Center**		**Survey Dates:** **5/14/18 – 5/16/18**
Facility Address/City/State/Zip **408 First St., NW** **Mason City, 50401**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
50.7	**481-50.7 (10A,135C)Additional notification. The director or director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I, II, III):** **481-50.7 (4) When a resident elopes from a facility. 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.** **Description:** Based on interview and record review the facility failed to report an elopement to the Department within 24 hours or the next business day as required for 1 of 3 residents reviewed (Resident #3). Findings include: A review of incident reports on 5/15/18 revealed Resident #3 left the facility on 4/6/18 without telling staff or signing out in the log book. The resident left the premises to walk to the hospital several blocks away to be evaluated. The resident was admitted for a	**II**	**$500.00**	**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).

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	mental health evaluation and discharged back to the facility on 4/9/18. Further review revealed the facility did not report the elopement to the Department. Resident # 3's diagnoses included schizoaffective disorder, a history of alcohol abuse and seizure disorder. An interview with the Administrator on 5/15/18 at 2:00 p.m. confirmed this finding. **Facility Response:**			

Facility Administrator _____ Date _____

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