

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

Citation Number: 6872		Date: 12/14/18		
Facility Name: Altoona Nursing and Rehab		Survey Dates:  10/9/18, 10/18/18, 10/22/18 – 10/25/18, 10/29/18 – 10/30/18		
Facility Address/City/State/Zip  200 Seventh Ave SW Altoona, IA 50009		JKM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.28(3) j)e	<p><b>481—58.28(135C) Safety.</b> The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)</p> <p><b>58.28(3) Resident safety.</b></p> <p><b>f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III) [ARC 1398C, IAB 4/2/14, effective 5/7/14]</b></p> <p><b>DESCRIPTION:</b></p> <p>Based on record review and staff interviews, the facility failed to provide adequate supervision to provide and maintain a safe environment to protect against the hazard of elopement (when a resident with impaired decision-making skills leaves the facility without knowledge or authorization of the staff for 1 of 6 residents reviewed (Resident #1). On 9/9/18, Resident #1 left the facility through a door equipped with an alarm. The door alarm sounded, but staff failed to assess the cause of the alarm and determine if all residents remained in the facility. As a result, staff were unaware Resident #1 had wandered outside 400 feet away and not visible door window area, until found by Dietary staff that had reported to work. This constituted an Immediate Jeopardy (IJ) to resident health and safety. The facility reported a census of 89 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) Assessment tool dated 9/6/18</p>	I	\$4,500 <b>Held in suspension</b>	Upon Receipt

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	<p>revealed the Resident #1 admitted to the facility on 8/9/18 with diagnoses that included congestive heart failure, diabetes and depression. The MDS documented the resident scored 9 of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment that showed the resident experienced moderate cognitive impairment and displayed no symptoms of delirium. The MDS also documented Resident #1 required extensive assist by at least 1 staff for transfers to and from the bed, ambulation (walking), dressing, toilet use, personal hygiene and bathing.</p> <p>The nursing care plan initiated 8/9/18 identified problems and included interventions:</p> <ol style="list-style-type: none"> <li>1. Required assistance with activities of daily living (ADLs) due to weakness and some confusion. The care plan directed staff to setup, cue and provide 1 staff assist as needed with dressing, hygiene and bathing.</li> <li>2. At risk for falls related to confusion, oxygen tubing (trip hazard), history of hallucination, weakness, and decreased mobility. The care plan directed staff to ensure the resident ambulated with walker, keep environment free of clutter, transfer with assist of 1 person, and utilize wheel chair for longer distance mobility.</li> </ol> <p>An elopement risk assessment completed on 8/10/18 revealed the resident did not have a history of wandering or attempts to open doors or windows (exit seeking behavior), did not express anger related to nursing home placement, and did not have a history of elopement from home or facility.</p> <p>The facility's undated Missing Resident/Elopement Policy &amp; Procedure directed staff:</p>			

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	<p>1. Prevent a resident's departure from the facility if possible.</p> <p>2. If a resident exited the building, or staff identified a resident was missing, staff to enlist assistance from nearby staff, inform the charge nurse, and make a thorough search of the building and premises. If unable to locate resident, notify the administrator, Director of Nursing (DON), the resident's guardian, physician, and law enforcement; provide a picture of the resident to law enforcement upon arrival.</p> <p>3. Upon return of the resident, examine for injuries, notify physician of findings, complete an incident report, and document event in the nursing notes. Include time of the event, persons notified, condition of resident upon return to the facility, physician notification and orders, treatment if indicated, and any other pertinent information.</p> <p>4. Maintenance personnel responsible to ensure the door alarms remain operational for 24 hour service and checked on a routine basis.</p> <p>Documentation completed by the certified nursing assistants (CNAs) revealed:</p> <p>9/9/18 at 11:28 a.m., Staff S, CNA, recorded the resident required 1 person assist for transfers and bed mobility, and limited assistance for ambulation in room.</p> <p>9/9/18 at 2:45 p.m., Staff T, CNA, recorded the resident used the toilet and completed their own personal hygiene independently.</p> <p>The facility reported incident described Resident #1 exited a west door at approximately 3:00 p.m. on 9/9/18. The door alarm sounded and staff looked out the window but did not go outside to check the reason for the alarm. The facility</p>			

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	<p>reported a dietary employee found the resident outside at approximately 3:05 p.m. The resident was returned to the building without injury, and staff applied a Wanderguard transponder device to the resident's person. The facility reported they then re-educated all staff regarding door alarms and elopement procedures.</p> <p>According to <a href="https://weather.com/weather/monthly/I/50009:4:US">https://weather.com/weather/monthly/I/50009:4:US</a>, the outside temperature at the time was approximately 76 degrees.</p> <p>The staff assignment sheet for the 2 p.m. to 10 p.m. shift on 9/9/18 revealed Staff T originally assigned to the resident's hall, and then changed to the C hall. The sheet further revealed Staff U, CNA, originally assigned to the A hall, then changed to Resident #1's hall.</p> <p>Observation during a walk with the DON on 10/23/18 at 9:55 a.m., from the west exit door to the dumpsters in the parking lot, revealed the resident had been found at least 400 feet away and not visible from the window by the door.</p> <p>According to Google <a href="https://www.google.com/maps/place/Altoona+Nursing+%26+Rehabilitation+Center/@41.6510696,-93.4754447,861m/data=!3m1!1e3!4m5!3m4!1s0x0:0x9ee4ca3e91ff4967!8m2!3d41.6498459!4d-93.473293">Maps</a> <a href="https://www.google.com/maps/place/Altoona+Nursing+%26+Rehabilitation+Center/@41.6510696,-93.4754447,861m/data=!3m1!1e3!4m5!3m4!1s0x0:0x9ee4ca3e91ff4967!8m2!3d41.6498459!4d-93.473293">https://www.google.com/maps/place/Altoona+Nursing+%26+Rehabilitation+Center/@41.6510696,-93.4754447,861m/data=!3m1!1e3!4m5!3m4!1s0x0:0x9ee4ca3e91ff4967!8m2!3d41.6498459!4d-93.473293</a>, behind the back yard of the facility bordered a wooded area with dry creek beds that abut a 2 acre lake. Review of Mccracken, Jim and the Staff at Recreational Guides. "Des Moines and Polk County Fishing and Floating Guide Book: A Complete fishing and floating information for Polk County, Iowa." Ed.</p>			

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	<p>Recreational Guides, January 25, 2018. Page 6, eBook, revealed the lake contained 3 types of fish with no depth given. A residential road bordered the front and side yard of the facility with a speed limit of at least 25 miles per hour.</p> <p>Staff interviews revealed:</p> <p>10/18/18 at 2:32 p.m., Staff U, CNA stated on 9/9/18, Staff V, CNA, announced over the intercom to check and clear the west hall door. Resident #1 was initially assigned to Staff T, and then assigned to her sometime after the shift started. Staff U reported she was in the Break Room on a 15 minute break sometime between 3:30 p.m. and 4:00 p.m., and left the break room to check the door. She stated no alarm sounded when she checked it, the alarm was reset at the panel at the nurse's station, and she looked out through the window by the door and didn't see anyone. Staff U reported she thought someone had not punched in the code and then opened the door. A kitchen employee came in and said they found the resident outside by the Dumpster, so a Wanderguard was applied to the resident and she monitored the resident closely after that. Staff U also reported the resident continued to go to the west door several times and to the front door that evening, but didn't get anywhere due to the Wanderguard alarm.</p> <p>10/22/18 at 3:20 p.m., Staff T, CNA, stated he did not recall that Resident #1 was assigned to him on 9/9/18, but he remembered a resident got outside and staff got in trouble because they didn't go outside to check the door alarm. Staff T reported if a door sounded, staff had to go outside to check, and if they couldn't determine the cause for the alarm they went from room to room to account for all residents. Staff T</p>			

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	<p>stated he learned this in orientation at this facility and every other facility he worked at.</p> <p>10/23/18 at 4:16 p.m., Staff V, CNA, stated he worked the 2 to 10 shift on 9/9/18 and was assigned to the B hall. Staff V reported he did not hear a door alarm that day and denied he had paged overhead to clear the alarm. Staff V stated other CNAs had called in that day, so Staff T was assigned to Resident #1's hall and had passed ice water when they determined they had to revise assignments due to the call-ins. At that time he then was assigned to the C hall and Staff U assigned to the resident's hall. Staff V remembered that Staff X, dietary aide, walked in with Resident #1 around 3:15 p.m.; the resident had her walker but didn't have oxygen applied. Staff V assisted the resident to a wheel chair and transported her to the front nurse's station. Staff V stated he learned in orientation at the facility that staff had to check outside when a door alarm sounded.</p> <p>10/22/18 at 2:36 p.m., Staff X, dietary aide (DA), stated when she pulled into the parking lot to work on 9/9/18 at approximately 2:45 p.m., she saw Resident #1 by the dumpsters as she headed away from the building. Staff X reported the resident was dressed with shoes on, and said she was going home. She was able to convince the resident and assisted her to return to the building to tell the nurse, Staff Y, she found the resident outside.</p> <p>10/22/18 at 4:00 p.m., Staff Y, RN, stated on 9/9/18, she was in a resident's room when Staff X was in the hall with Resident #1, and said she found her outside and directed her to get her nurse, Staff Z. Staff Y reported she instructed Staff Z, an agency nurse, to assess the resident and call the</p>			

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	<p>manager on duty to report it.</p> <p>10/23/18 at 8:42 a.m., Staff Z, staffing agency RN, stated she worked on 9/9/18 was told by 1 of the nurses that 1 of her residents was missing. Staff Z reported the resident was in the hall with Staff V who said the resident was just brought in and the resident said she was going home. Staff Z reported she assessed the resident and there were no injuries, she applied a Wanderguard and called the Director of Nursing and the manager on call. Staff Z stated if a door alarm sounded, they were to check the board to identify what door, check and clear the alarm, and if they can't clear the alarm then staff does a head count. She stated she had she has had to do that a different day that she had worked at the facility.</p> <p>10/23/18 at 7:44 a.m., the Administrator and DON stated maintenance checked all door alarms weekly, the alarms were checked on 9/7/18 then again on 9/10/18 due to the elopement, and staff check Wanderguard alarms daily. They reported staff required to go outside to check and clear door alarms as they were instructed during orientation.</p> <p>10/24/18 at 8:10 a.m., The DON stated the resident was weak and required physical therapy when admitted to the facility, got stronger with therapy, and that enabled her independent departure. The DON reported staff last saw Resident #1 at 2:45 p.m. on 9/9/18 when Staff T took her to the bathroom.</p> <p><b><u>The facility abated the Immediate Jeopardy on 9/10/18 by implementing the following actions:</u></b></p>			

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	<p>1. The facility reassessed all residents for potential elopement risk.</p> <p>2. The facility updated the "Elopement Book" to contain the most current Elopement Policy, pictures of each resident identified as at risk for elopement, and demographic information related to said resident.</p> <p>3. The Director and Assistant Director of Nursing re-educated staff regarding the Elopement Policy prior to working with residents again.</p> <p>4. The facility contracted with a vendor to retrofit and rewire the exit door with a key pad which required a code rather than a button to push to clear the alarm.</p> <p>5. The facility audited wanderguards and ensured function tests recorded as completed (to be done daily going forward).</p> <p>6. The facility completed door alarm checks (to be completed weekly thereafter)</p> <p>7. The facility increased Elopement Drills to monthly on each shift for the next three months and/or until compliance achieved.</p> <p>8. The facility reviewed all care plans for all residents deemed to be at risk for elopement based on elopement assessments to ensure interventions documented to protect each resident and ensure interventions in place to protect each resident and ensure resident safety.</p>			

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