

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

Citation Number: 6961		Date: May 13, 2019		
Facility Name: Mosaic 105 Kelly's Court		Survey Dates: April 3, 4, 8, 9, and 10, 2019,		
Facility Address/City/State/Zip 105 Kelly's Court Forest City, IA 50436		LK 82355-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

64.60	<p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and 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.</p> <p>Classification of violations is I, II, and III, determined by the division using the provision 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).</p>	II	\$500	Upon Receipt
W249	<p>PROGRAM IMPLEMENTATION CFR(s):</p> <p>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</p>			

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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	<p>DESCRIPTION:</p> <p>Based on interviews and record review, the facility failed to ensure staff consistently provided supports and services as identified in the individual program plan. Specifically, staff failed to provide supervision according to identified needs. This affected 1 of 1 client (Client #8) identified as a result of facility self-reported incident #82355-I.</p> <p>Findings follow:</p> <p>Record review on 4/8/19 revealed a facility Incident Report, dated 4/1/19, documented on 3/28/19 at 5:40 p.m. staff saw Client #8 walking toward 101 Kelly's Court without a staff. Direct Support Associate A (DSA A) stayed with Client #8 until DSA B came out and walked Client #8 back to 105 Kelly's Court.</p> <p>When interviewed on 4/4/19 at 11:30 a.m. DSA B reported he held responsibility of Client #8 on 3/28/19. Around 5:30 p.m., DSA B went outside for a break. He thought he told someone he was going to take a break. DSA B stated he failed to wear a bracelet on 3/28/19 to indicate accountability of Client #8. DSA B stated he was outside for about ten minutes and during</p>			
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	<p>that time, Client #8 left the home. DSA B did not see Client #8 when he returned to the home. Someone called from another house to report Client #8 was outside and he went to get him. Client #8 was in front of the home with another staff. He returned without injury. DSA B confirmed he did not wear a bracelet to indicate accountability for Client #8 that day. DSA B confirmed he failed to provide the proper level of supervision for Client #8.</p> <p>Continued record review revealed Client #8's Baseline ISP Program approved on 3/15/19. The program noted Client #8 had a long history of wandering and directed staff to record the number of times Client #8 exited or attempted to exit the home. The program further directed: "...In order to keep Client #8 safe it is important that staff are monitoring Client #8 closely and know where he is..."</p> <p>Client #8's Comprehensive Functional Assessment dated 3/18/19-4/2/19 identified Client #8 "leaves without notifying others/elopes.</p> <p>Additional record review revealed the Therap behavior support plan and individual support plan acknowledgement reports of staff training</p>			
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	<p>completed. The report indicated DSA B received training and acknowledged this on 3/25/19 at 10:34 p.m.</p> <p>Further record review revealed a Bracelet Supervision Procedure, last revised 8/14/18. According to the policy, 105 Kelly's Court would utilize colored bracelets or lanyards for people supported that exit the building unsupervised. Staff should wear a colored bracelet on their wrist or break away lanyard to indicate which individual he/she was assigned to during each shift. The procedure was to ensure the safety of each person supported that may exit the building unsupervised. The procedure further stated: "There will be times during the shift when you need to ask a co-worker to wear one of your individuals bracelets. Examples of this include but aren't limited to: Break, Assisting another individual with a behavioral issue or personal care, using the restroom. During these times you should verbally ask a co-worker to take your bracelet."</p> <p>When interviewed on 4/9/19 at 3 p.m. The Qualified Intellectual Disability Professional (QIDP) confirmed DSA B failed to follow the baseline program for supervision and failed to follow the facility procedure on supervision.</p>			
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50.7(4)	<p>50.7(4) Additional notification 481-50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 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.</p> <p>Based on interviews and record review the facility failed to report client elopement in a timely manner to the Department of Inspections and Appeals. This pertained to 1 of 1 clients (Client #8) identified as a result of facility self-reported incident #82355-I.</p> <p>Finding Follows:</p> <p>See W249 for additional information regarding the elopement.</p> <p>Record review on 4/8/19 revealed a facility Incident Report, dated 4/1/19, documented on 3/28/19 at 5:40 p.m. staff saw Client #8 walking toward 101 Kelly's Court without a staff. Direct</p>	II	\$500	Upon Receipt
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	<p>Support Associate A (DSA A) stayed with Client #8 until DSA B came out and walked Client #8 back to 105 Kelly's Court. When interviewed on 4/9/19 at 3:00 p.m. the Qualified Intellectual Disability Professional (QIDP) reported staff failed to report the elopement to management in a timely manner, as it was not reported until 4/1/19. She confirmed the incident of elopement was not reported to the Department in a timely manner.</p> <p>FACILITY RESPONSE:</p>			
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