

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

Citation Number: 7003		Date: July 11, 2019		
Facility Name: Glenwood Resource Center		Survey Dates: June 10-20, 2019		
Facility Address/City/State/Zip 711 S Vine Street Glenwood, IA 51534		MW/cc		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

64.60(135C)	<p>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.</p> <p>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.</p> <p>This rule is intended to implement Iowa Code section 135C.2(3).</p>	I	\$15,000 (treble)	UPON RECEIPT
56.6(1)	<p>56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.</p>			

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W158	<p>W158 §483.430 Condition of participation: Facility staffing.</p> <p>+</p> <p>Based on interviews and record review, the facility failed to maintain minimum compliance with the condition of participation (CoP) - Facility staffing. The facility failed to ensure staff competently demonstrated appropriate skills to ensure client safety.</p> <p>Cross reference W189: Based on interview and record review, the facility failed to ensure staff consistently demonstrated competency in implementation of facility policy and procedures to keep clients safe.</p> <p>Cross reference W249: Based on observations, interviews and record review, the facility failed to ensure staff consistently followed a client's Individual Support Plan (ISP) to assure his safety and well-being.</p> <p>On 6/13/19 at approximately 10:50 a.m., Immediate Jeopardy (IJ) was determined based on the facility's failure to ensure staff competency to implement Individual Support Plan (ISP) and facility policy and procedure. The facility was notified on 6/13/19 at 10:55 a.m. The facility</p>			
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W189 +	<p>developed a plan to remove the IJ which included re-training staff and revisions to documents to provide specific information and guidance to staff. The IJ was removed on 6/20/19 at 8:15 a.m.</p> <p>W189</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>DESCRIPTION:</p> <p>Based on observations, interviews and record review, the facility failed to ensure staff consistently followed a client's Individual Support Plan (ISP) to assure his safety and well-being. The facility failed to ensure staff demonstrated competency in implementation of facility policy and procedures to keep clients safe. This affected 1 of 1 client identified during the investigation of #83723-I (Client #1). Eleven (11) residents resided in the house.</p> <p>Findings follow:</p> <p>Record review on 6/10/19 revealed Client #1's Incident Report (IR) dated 6/5/19. According to</p>			
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	<p>the IR, Client #1 was found unresponsive on the back patio. The Registered Nurse arrived at the house and found Client #1 unresponsive and "clearly in respiratory distress". She started oxygen and placed wet cloths on Client #1's body surface to cool him off. She recorded vital signs as follows: temperature 103.3 degrees, respirations 38 per minute and tachycardia (rapid heartbeat) 157 BPM (beats per minute). The RN documented Client #1 appeared flushed and felt hot to the touch and recorded he had been sitting on the patio prior to the incident. Staff called 911 at 3:11 p.m. and Client #1 left for the hospital per ambulance at 3:23 p.m.</p> <p>Further record review on 6/10/19 revealed Client #1's ISP last updated on 7/11/18. The document noted Client #1 liked to sit in the sun but noted a heat restriction due to medications he received. The ISP provided direction regarding Client #1 being outside and noted he could be outside for one hour with 15-minute checks, he should not be seated in direct sunlight and he should be offered fluids due to the possibility of heat exhaustion or dehydration. His Doctor Orders active from 3/11/19 - 6/11/19 included an order as follows; "If temperature/heat index above 90 degrees, restrict outdoor activities NO MORE THAN 10 MINUTES OUTSIDE".</p>			
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	<p>Client #1's Client Information/Transfer form, reviewed on 6/10/19 noted his diagnoses included, Profound Intellectual Disability, Bipolar II disorder, Intermittent Explosive Disorder, Parkinsonism, Complex Partial Seizures, Degenerative Arthritis, Osteoporosis, and Compression vertebral fractures of the lumbar spine. According to the birthdate on the information sheet, Client #1 was 76 years old at the time of the incident on 6/5/19.</p> <p>Record review on 6/11/19 revealed a report from the hospital dated 6/5/19. The report noted Client #1's arrival at the hospital on 6/5/19 and administration of intravenous (IV) fluids and acetaminophen for fever. The report indicated tests performed including various laboratory blood tests, a CT scan and an EKG. The physician documented a discussion with Client #1's facility Primary Care Physician (PCP) and noted his symptoms were most likely secondary to heat related illness with unknown etiology; however, seizure activity could not be ruled out. The Assessment Plan included heat pyrexia (heat exhaustion/heat cramps/heat stroke due to an inability for the body to cool itself), altered mental status and seizure disorder. Client #1 returned back to house at 7:50 p.m. after receiving 2 liters fluid.</p>			
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	<p>The incident report dated 6/6/2019 documented a sunburn to bilateral arms/forearms. Also described probable sunburn to arms, neck and face. Corrective action was to follow the sun screen protocol for reapplying. No further follow up warranted as area resolving.</p> <p>Observation on 6/10/19 at 4:15 p.m. the patio of House 254, revealed a black metal chair in the unshaded area of the patio. No thermometer could be located on the patio. Further observation revealed no clock on the patio.</p> <p>When interviewed on 6/10/19 at approximately 4:20 p.m., the Treatment Program Manager (TPM) confirmed she updated Client #1's ISP in June 2018 due to a WIG (Wildly Important Goal) meeting. She said staff requested permission for Client #1 to be outside for more than 10 minutes because he enjoyed sitting on the patio. She recalled receipt of an e-mail from the Registered Nurse (RN) Nurse Supervisor following a discussion with Client #1's Primary Care Physician (PCP). According to the e-mail, Client #1 could sit outside for up to an hour with 15-minute checks by staff, no direct sun exposure and fluids offered when checks were completed. She acknowledged a conversation with Resident Treatment Worker (RTW) A on 6/5/19 and</p>			
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	<p>recalled RTW A told her she did not know how long Client #1 had been on the patio that day.</p> <p>When interviewed on 6/11/19 at 9:00 a.m., RTW B confirmed knowledge of Client #1's restriction to be outside with 15-minute checks when the temperature was below 90 degrees per his ISP. She further confirmed Client #1 should not sit directly in the sun, should be offered fluids, and should only be outside for one hour.</p> <p>When interviewed on 6/11/19 at 9:45 a.m., RTW C confirmed she saw Client #1 outside at 1:45 p.m. on 6/5/19. She recalled she took Client #6 outside and saw Client #1 sitting on a metal chair in the sun. She said she had checked her phone and the temperature was 86 degrees at the time. She noted she saw Client #1 outside again at 2:15 p.m. and recalled RTW A held responsibility for him at the time. She further noted RTW D took Client #1 outside prior to RTW A's arrival on shift. She confirmed knowledge of his ISP and noted staff should check on him every 15 minutes, give him drinks and not exceed an hour exposure outside.</p> <p>When interviewed on 6/11/19 at 10:25 a.m., RTW A confirmed she worked with Client #1 on 6/5/19. She confirmed knowledge of Client #1's ISP and heat restrictions. She explained he could be</p>			
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	<p>outside for up to an hour with 15-minute checks and fluids offered. She noted he should not be in direct sunlight but stated in her experience with him, Client #1 sat in the sun and would scoot his chair out of the shade. RTW A confirmed knowledge of Client #1's restriction to be outside no longer than 1 hour but emphasized no one told her the exact time he went on the patio so she assumed his hour started at 2:15 p.m. She said she checked on him at 2:30 p.m. and he seemed fine. She stated she offered him a drink but he looked away and did not take any fluid.</p> <p>RTW A recalled she engaged the other clients in an activity at the table and looked out the window to check on Client #1. Between 2:45 p.m. and 3:00 p.m., she said RTW E came into the area and asked about Client #1. RTW A went to the door and saw Client #1 slumped over in the chair with his chin on his chest. She recalled his eyes were closed and he was breathing rapidly. She said she and RTW E moved him out of the sun and RTW F made a STAT nursing call and called 911. She stated RTW E got a glass of water and offered Client #1 sips. She said other staff came and assisted Client #1 into a wheelchair and took him in the house at approximately 3:10 p.m.</p>			
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	<p>When interviewed on 6/11/19 at 11:25 a.m., Resident Treatment Supervisor (RTS) A confirmed he signed in to take responsibility for Client #1 on 6/5/19 at approximately 2:05 p.m. so RTW D could go work at another home. He recalled Client #1 sat outside on the patio but he failed to ask RTW D what time he went outside. He said Client #1 did not appear to be sitting in the sun when he saw him. RTS A left the home to provide assistance at another house and at that time, RTW A held responsibility for the clients, including Client #1. RTS A said he returned to the home and described Client #1 as "not good" when he saw him on the patio around 3:00 p.m. He confirmed Client #1 remained outside for over one hour on 6/5/19.</p> <p>When interviewed on 6/11/19 at 12:07 p.m., the TPM confirmed according to his ISP, Client #1 should not sit directly in the sun when out on the patio.</p> <p>Observation at the home on 6/11/19 at 2:07 p.m., revealed a metal chair on the patio. RTW E pointed to the chair on the patio and confirmed Client #1 sat in the chair on 6/5/19. She noted she helped pull him out of the sun when staff found him unresponsive that day.</p>			
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	<p>When interviewed on 6/11/19 at 2:15 p.m., RTW F confirmed she took responsibility for Client #1 at 2:07 p.m. on 6/5/19. She recalled Client #1 sat outside on the patio at the time because RTW D took him outside at approximately 1:45 p.m. She estimated RTW A took over for the clients at approximately 2:10 p.m. so she went to the other side of the house to help RTW E reposition clients. She recalled she came back to help RTW A and saw Client #1 on the patio with his chin on his chest panting. She recalled RTW A and RTW F pulled his chair into the shade and offered him water. She made a STAT nursing call and called 911. She said Client #1 could not be outside if the temperature exceeded 90 degrees and she used her phone to check the temperature when she took him outside. She was unsure if he required 15-minute checks, but assumed staff should check on him and offer fluids. She said Client #1 could sit in the sun and noted staff applied sunscreen to keep him from getting sunburn.</p> <p>When interviewed on 6/11/19 at 3:00 p.m., RTW E said Client #1 could sit in direct sunlight as long as staff applied sunscreen. She knew staff should do 15 minute checks and offer fluids. She again confirmed she saw Client #1 sitting in the sun in a metal patio chair on 6/5/19. She said she went to help RTW A at approximately 3:00 -</p>			
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	<p>3:10 p.m. on 6/5/19 and saw Client #1 shaking in his chair on the patio. She recalled she immediately went to him and shook his shoulder but he did not respond. She was unsure what time he went outside on 6/5/19.</p> <p>When interviewed on 6/11/19 at 3:30 p.m., the Licensed Practical Nurse (LPN) confirmed he heard a nursing STAT call at 3:10 p.m. and arrived on site at 3:12 p.m. He said Client #1 did not respond to verbal or physical stimuli when he arrived on the patio. He recalled Client #1's legs were in the sun but his upper body was in the shade. He noted Client #1's upper extremities were shaking and he thought he was experiencing heat exhaustion. He confirmed the administration of oxygen due to a blood oxygen reading of 70 and explained the facility standard is 90. The LPN stated he thought Client #1's symptoms suggested prolonged heat exposure. He confirmed the client was in respiratory distress on 6/5/19, experienced rapid heartbeat and increased respirations. He explained the risks to him included stress on his heart, dehydration and heat stroke.</p> <p>When interviewed on 6/11/19 at 4:05 p.m., RTS B recalled she responded to a call for help at House 254 on 6/5/19. She estimated she arrived at Client #1's home at 3:15 p.m. She said Client #1</p>			
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	<p>was sitting in the sun on the patio and she described him as non-responsive when she rubbed his cheek. RTS B did not know the details of Client #1's ISP but said she knew where to find the information. She thought the incident could have been prevented if staff had followed the guidance in the ISP to check him every 15 minutes, keep him out of direct sunlight and bring him inside after 1 hour.</p> <p>When interviewed on 6/12/19 at 10:38 a.m., the RN, Nurse Supervisor confirmed she discussed a request to allow Client #1 to be outside for more than ten minutes at a time with his PCP in June 2018. She recalled staff requested a new order, and then explained nursing staff only request orders for extreme temperatures. She added Client #1 took medications that made him susceptible to ill effects in extreme temperatures and noted a risk of dehydration and heat exhaustion. She acknowledged she provided "parameters" via e-mail to the TPM and the TPM then added the information to Client #1's ISP. She noted staff followed the order in place at the time because the order allowed Client #1 to be outside if the temperature was below 90 degrees. However, she confirmed staff failed to communicate what time he went outside. She confirmed staff failed to follow the guidance in the ISP.</p>			
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	<p>When re-interviewed on 6/12/19 at 11:25 a.m., RTW A stated she checked on Client #1 at 2:30 p.m. She acknowledged she repositioned Client #6 and attempted to calm Client #5 after checking on Client #1. She was unsure if she checked on Client #1 at 2:45 p.m., because she "was dealing with a lot that day". She acknowledged RTW D may have come to offer help at 3:00 p.m. rather than 2:45 p.m. She confirmed Client #1 was outside when RTW E and RTW F came to her side of the house. She again noted Client #1 refused a drink of water when she offered it to him at the 2:30 p.m. check. RTW A stated Client #1 should have come inside at 2:45 p.m. if RTW D took him outside at 1:45 p.m. She said she did not bring Client #1 in the house at 2:45 p.m. because she had no awareness of when he went outside.</p> <p>When interviewed on 6/12/19 at 1:55 p.m., Client #1's PCP explained he attempted to give staff guidance regarding heat restrictions per their request in June 2018. He explained Client #1 had a restriction due to his seizure disorder and because of some of his medications. He noted the medications reduce the body's ability to sweat so heat stays in the body resulting in potential overheating. He confirmed the guidance to supervise Client #1 every 15 minutes, give him</p>			
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	<p>fluids and keep him out of the direct sunlight was discussed with him in 2018. He noted staff should have followed the guidance in the ISP to keep Client #1 safe from heat related illnesses.</p> <p>When interviewed on 6/13/19 at 9:00 a.m., RTW D confirmed he took Client #1 outside at 1:45 p.m. on 6/5/19. He stated he followed the ISP because he checked on him at 1:55 p.m. and offered him a drink. He stated he checked his phone and the temperature was 88 degrees when he took Client #1 outside. He said he assumed staff would bring him back inside by 2:45 p.m. He said Client #1 sat in the shade on a metal chair when he took him outside, but noted Client #1 was capable of scooting the chair into the sun.</p> <p>When re-interviewed on 6/13/19 at 9:55 a.m., the TPM confirmed staff failed to follow the parameters for heat exposure in Client #1's ISP. She confirmed the failure resulted in Client #1's incident of a heat related illness on 6/5/19.</p> <p>In summary, according to the zoning policy staff are to know the whereabouts of the clients at all times. In addition, staff are to verbally communicate and use zoning sheets to maintain awareness of client location and well-being. Staff failed to communicate verbally or in writing, information related to Client #1's health and</p>			
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W249	<p>safety. The failure resulted in Client #1 experiencing an incident of heat related illness.</p> <p>W249</p> <p>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> <p>Based on observations, interviews and record review, the facility failed to ensure staff consistently followed a client's Individual Support Plan (ISP) to assure his safety and well-being. This affected 1 of 1 client identified during investigation #83723-I (Client #1).</p> <p>Findings follow:</p> <p>Record review on 6/10/19 revealed Client #1's Incident Report (IR) dated 6/5/19. According to the IR, Client #1 was found unresponsive on the back patio. The Registered Nurse arrived at the house and found Client #1 unresponsive and</p>			
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	<p>"clearly in respiratory distress". She started oxygen and placed wet cloths on Client #1's body surface to cool him off. She recorded vital signs as follows: temperature 103.3 degrees, respirations 38 per minute and tachycardia (rapid heartbeat) 157 BPM (beats per minute). The RN documented Client #1 appeared flushed and felt hot to the touch and recorded he had been sitting on the patio prior to the incident. Staff called 911 at 3:11 p.m. and Client #1 left for the hospital per ambulance at 3:23 p.m. Client #1 returned back to house at 7:50 p.m. after receiving 2 liters fluid.</p> <p>Further record review on 6/10/19 revealed Client #1's ISP last updated on 7/11/18. The document noted Client #1 liked to sit in the sun but noted a heat restriction due to medications he received. The ISP provided direction regarding Client #1 being outside and noted he could be outside for one hour with 15-minute checks, he should not be seated in direct sunlight and he should be offered fluids due to the possibility of heat exhaustion or dehydration. His Doctor Orders active from 3/11/19 - 6/11/19 included an order as follows; "If temperature/heat index above 90 degrees, restrict outdoor activities NO MORE THAN 10 MINUTES OUTSIDE".</p> <p>Client #1's Client Information/Transfer form, reviewed on 6/10/19 noted his diagnoses</p>			
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	<p>included, Profound Intellectual Disability, Bipolar II disorder, Intermittent Explosive Disorder, Parkinsonism, Complex Partial Seizures, Degenerative Arthritis, Osteoporosis, and Compression vertebral fractures of the lumbar spine. According to the birthdate on the information sheet, Client #1 was 76 years old at the time of the incident on 6/5/19.</p> <p>Record review on 6/11/19 revealed a report from the hospital dated 6/5/19. The report noted Client #1's arrival at the hospital on 6/5/19 and administration of intravenous (IV) fluids and acetaminophen for fever. The report indicated tests performed including various laboratory blood tests, a CT scan and an EKG. The physician documented a discussion with Client #1's facility Primary Care Physician (PCP) and noted his symptoms were most likely secondary to heat related illness with unknown etiology; however, seizure activity could not be ruled out. The Assessment Plan included heat pyrexia (heat exhaustion/heat cramps/heat stroke due to an inability for the body to cool itself), altered mental status and seizure disorder.</p> <p>The incident report dated 6/6/2019 documented a sunburn to bilateral arms/forearms. Also described probable sunburn to arms, neck and face. Corrective action was to follow the sun</p>			
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Facility Administrator

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	<p>screen protocol for reapplying. No further follow up warranted as area resolving.</p> <p>Observation on 6/10/19 at 4:15 p.m. on the patio of House 254, revealed a black metal chair in the unshaded area of the patio. No thermometer could be located on the patio. Further observation revealed no clock on the patio.</p> <p>When interviewed on 6/10/19 at approximately 4:20 p.m., the Treatment Program Manager (TPM) confirmed she updated Client #1's ISP in June 2018 due to a WIG (Wildly Important Goal) meeting. She said staff requested permission for Client #1 to be outside for more than 10 minutes because he enjoyed sitting on the patio. She recalled receipt of an e-mail from the Registered Nurse (RN) Nurse Supervisor following a discussion with Client #1's Primary Care Physician (PCP). According to the e-mail, Client #1 could sit outside for up to an hour with 15-minute checks by staff, no direct sun exposure and fluids offered when checks were completed. She acknowledged a conversation with Resident Treatment Worker (RTW) A on 6/5/19 and recalled RTW A told her she did not know how long Client #1 had been on the patio that day.</p> <p>When interviewed on 6/11/19 at 9:00 a.m., RTW B confirmed knowledge of Client #1's restriction to</p>			
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	<p>be outside with 15-minute checks when the temperature was below 90 degrees per his ISP. She further confirmed Client #1 should not sit directly in the sun, should be offered fluids, and should only be outside for one hour.</p> <p>When interviewed on 6/11/19 at 9:45 a.m., RTW C confirmed she saw Client #1 outside at 1:45 p.m. on 6/5/19. She recalled she took Client #6 outside and saw Client #1 sitting on a metal chair in the sun. She said she had checked her phone and the temperature was 86 degrees at the time. She noted she saw Client #1 outside again at 2:15 p.m. and recalled RTW A held responsibility for him at the time. She further noted RTW D took Client #1 outside prior to RTW A's arrival on shift. She confirmed knowledge of his ISP and noted staff should check on him every 15 minutes, give him drinks and not exceed an hour exposure outside.</p> <p>When interviewed on 6/11/19 at 10:25 a.m., RTW A confirmed she worked with Client #1 on 6/5/19. She confirmed knowledge of Client #1's ISP and heat restrictions. She explained he could be outside for up to an hour with 15-minute checks and fluids offered. She noted he should not be in direct sunlight but stated in her experience with him, Client #1 sat in the sun and would scoot his chair out of the shade. RTW A confirmed</p>			
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	<p>knowledge of Client #1's restriction to be outside no longer than 1 hour but emphasized no one told her the exact time he went on the patio so she assumed his hour started at 2:15 p.m. She said she checked on him at 2:30 p.m. and he seemed fine. She stated she offered him a drink but he looked away and did not take any fluid.</p> <p>RTW A recalled she engaged the other clients in an activity at the table and looked out the window to check on Client #1. Between 2:45 p.m. and 3:00 p.m., she said RTW E came into the area and asked about Client #1. RTW A went to the door and saw Client #1 slumped over in the chair with his chin on his chest. She recalled his eyes were closed and he was breathing rapidly. She said she and RTW E moved him out of the sun and RTW F made a STAT nursing call and called 911. She stated RTW E got a glass of water and offered Client #1 sips. She said other staff came and assisted Client #1 into a wheelchair and took him in the house at approximately 3:10 p.m.</p> <p>When interviewed on 6/11/19 at 11:25 a.m., Resident Treatment Supervisor (RTS) A confirmed he signed in to take responsibility for Client #1 on 6/5/19 at approximately 2:05 p.m. so RTW D could go work at another home. He recalled Client #1 sat outside on the patio but he</p>			
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	<p>failed to ask RTW D what time he went outside. He said Client #1 did not appear to be sitting in the sun when he saw him. RTS A left the home to provide assistance at another house and at that time, RTW A held responsibility for the clients, including Client #1. RTS A said he returned to the home and described Client #1 as "not good" when he saw him on the patio around 3:00 p.m. He confirmed Client #1 remained outside for over one hour on 6/5/19.</p> <p>When interviewed on 6/11/19 at 12:07 p.m., the TPM confirmed according to his ISP, Client #1 should not sit directly in the sun when out on the patio.</p> <p>Observation at the home on 6/11/19 at 2:07 p.m., revealed a metal chair on the patio. RTW E pointed to the chair on the patio and confirmed Client #1 sat in the chair on 6/5/19. She noted she helped pull him out of the sun when staff found him unresponsive that day.</p> <p>When interviewed on 6/11/19 at 2:15 p.m., RTW F confirmed she took responsibility for Client #1 at 2:07 p.m. on 6/5/19. She recalled Client #1 sat outside on the patio at the time because RTW D took him outside at approximately 1:45 p.m. She estimated RTW A took over for the clients at approximately 2:10 p.m. so she went to the other</p>			
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	<p>side of the house to help RTW E reposition clients. She recalled she came back to help RTW A and saw Client #1 on the patio with his chin on his chest panting. She recalled RTW A and RTW F pulled his chair into the shade and offered him water. She made a STAT nursing call and called 911. She said Client #1 could not be outside if the temperature exceeded 90 degrees and she used her phone to check the temperature when she took him outside. She was unsure if he required 15-minute checks, but assumed staff should check on him and offer fluids. She said Client #1 could sit in the sun and noted staff applied sunscreen to keep him from getting sunburn.</p> <p>When interviewed on 6/11/19 at 3:00 p.m., RTW E said Client #1 could sit in direct sunlight as long as staff applied sunscreen. She knew staff should do 15 minute checks and offer fluids. She again confirmed she saw Client #1 sitting in the sun in a metal patio chair on 6/5/19. She said she went to help RTW A at approximately 3:00 - 3:10 p.m. on 6/5/19 and saw Client #1 shaking in his chair on the patio. She recalled she immediately went to him and shook his shoulder but he did not respond. She was unsure what time he went outside on 6/5/19.</p>			
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	<p>When interviewed on 6/11/19 at 3:30 p.m., the Licensed Practical Nurse (LPN) confirmed he heard a nursing STAT call at 3:10 p.m. and arrived on site at 3:12 p.m. He said Client #1 did not respond to verbal or physical stimuli when he arrived on the patio. He recalled Client #1's legs were in the sun but his upper body was in the shade. He noted Client #1's upper extremities were shaking and he thought he was experiencing heat exhaustion. He confirmed the administration of oxygen due to a blood oxygen reading of 70 and explained the facility standard is 90. The LPN stated he thought Client #1's symptoms suggested prolonged heat exposure. He confirmed the client was in respiratory distress on 6/5/19, experienced rapid heartbeat and increased respirations. He explained the risks to him included stress on his heart, dehydration and heat stroke.</p> <p>When interviewed on 6/11/19 at 4:05 p.m., RTS B recalled she responded to a call for help at House 254 on 6/5/19. She estimated she arrived at Client #1's home at 3:15 p.m. She said Client #1 was sitting in the sun on the patio and she described him as non-responsive when she rubbed his cheek. RTS B did not know the details of Client #1's ISP but said she knew where to find the information. She thought the incident could have been prevented if staff had followed</p>			
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	<p>the guidance in the ISP to check him every 15 minutes, keep him out of direct sunlight and bring him inside after 1 hour.</p> <p>When interviewed on 6/12/19 at 10:38 a.m., the RN, Nurse Supervisor confirmed she discussed a request to allow Client #1 to be outside for more than ten minutes at a time with his PCP in June 2018. She recalled staff requested a new order, and then explained nursing staff only request orders for extreme temperatures. She added Client #1 took medications that made him susceptible to ill effects in extreme temperatures and noted a risk of dehydration and heat exhaustion. She acknowledged she provided "parameters" via e-mail to the TPM and the TPM then added the information to Client #1's ISP. She noted staff followed the order in place at the time because the order allowed Client #1 to be outside if the temperature was below 90 degrees. However, she confirmed staff failed to communicate what time he went outside. She confirmed staff failed to follow the guidance in the ISP.</p> <p>When re-interviewed on 6/12/19 at 11:25 a.m., RTW A stated she checked on Client #1 at 2:30 p.m. She acknowledged she repositioned Client #6 and attempted to calm Client #5 after checking on Client #1. She was unsure if she checked on</p>			
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	<p>Client #1 at 2:45 p.m., because she "was dealing with a lot that day". She acknowledged RTW D may have come to offer help at 3:00 p.m. rather than 2:45 p.m. She confirmed Client #1 was outside when RTW E and RTW F came to her side of the house. She again noted Client #1 refused a drink of water when she offered it to him at the 2:30 p.m. check. RTW A stated Client #1 should have come inside at 2:45 p.m. if RTW D took him outside at 1:45 p.m. She said she did not bring Client #1 in the house at 2:45 p.m. because she had no awareness of when he went outside.</p> <p>When interviewed on 6/12/19 at 1:55 p.m., Client #1's PCP explained he attempted to give staff guidance regarding heat restrictions per their request in June 2018. He explained Client #1 had a restriction due to his seizure disorder and because of some of his medications. He noted the medications reduce the body's ability to sweat so heat stays in the body resulting in potential overheating. He confirmed the guidance to supervise Client #1 every 15 minutes, give him fluids and keep him out of the direct sunlight was discussed with him in 2018. He noted staff should have followed the guidance in the ISP to keep Client #1 safe from heat related illnesses.</p>			
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	<p>When interviewed on 6/13/19 at 9:00 a.m., RTW D confirmed he took Client #1 outside at 1:45 p.m. on 6/5/19. He stated he followed the ISP because he checked on him at 1:55 p.m. and offered him a drink. He stated he checked his phone and the temperature was 88 degrees when he took Client #1 outside. He said he assumed staff would bring him back inside by 2:45 p.m. He said Client #1 sat in the shade on a metal chair when he took him outside, but noted Client #1 was capable of scooting the chair into the sun.</p> <p>When re-interviewed on 6/13/19 at 9:55 a.m., the TPM confirmed staff failed to follow the parameters for heat exposure in Client #1's ISP. She confirmed the failure resulted in Client #1's incident of a heat related illness on 6/5/19.</p> <p>On 6/13/19 at approximately 10:50 a.m., Immediate Jeopardy (IJ) was determined based on the facility's failure to ensure staff competency to implement Individual Support Plan (ISP) and facility policy and procedure. The facility was notified on 6/13/19 at 10:55 a.m. The facility developed a plan to remove the IJ which included re-training staff and revisions to documents to provide specific information and guidance to staff. The IJ was removed on 6/20/19 at 8:15 a.m.</p>			
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	FACILITY RESPONSE:			
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