STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction Date 9/13/19. An investigation of facility-reported incident #83804-I and complaints #81197-C, #83294-C, #83537-C and #83555-C was completed on 8/8/19 - 8/21/19. Incident #83804-I and complaint #81197-C were substantiated. Complaints #83294-C, 83537-C and 83555-C were not substantiated. See Code of Federal Regulations (42 CFR), Part 483, Subpart B-C.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff interviews and facility policy the facility failed to adequately supervise one resident with a history of elopement and poor safety awareness, (Resident #1), which resulted in an immediate jeopardy to the resident's health and safety. The facility reported a census of 44 residents. Findings include:	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 1 The Minimum Data Set (MDS) assessment dated 3/28/19 noted Resident #1 had diagnoses of stroke, hemiplegia/hemiparesis (paralysis/weakness of one side of the body) and depression. Resident #1 had some difficulty making daily decisions in new situations. The MDS indicated the resident always understood others, but they sometimes had difficulty understanding him. Resident #1 was independent with transfers and locomotion on and off the unit. Resident #1's Care Plan included potential for elopement related to dementia with behavioral disturbances and agitation, initiated on 7/3/18. The Care Plan indicated door alarms should be activated at all times and staff should follow the missing person's policy if Resident #1 left the grounds without notifying staff. The 7/5/18 revision noted Resident #1 signed a behavioral contract agreeing to notify staff when exiting the facility and signing out when leaving the grounds. The 8/14/18 revision indicated Resident #1 may sit outside unsupervised. The Care Plan included interventions dated 8/17/18; Resident #1's cigarettes and lighter will be kept in the medication cart when not in use and he will notify staff when going to the designated smoking area to smoke. A document titled, Residents allowed to sit outside unsupervised with frequent checks by staff, included Resident #1's name. A document titled #1673 Elopement dated 7/3/18 at 7:30 p.m. documented how a former employee reported seeing Resident #1 by Casey's (0.4 miles from facility per Google Maps). A Nurse went immediately and located him near the Casey's. Resident #1 stated he left to purchase	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 2	F 689		

cigarettes. The Nurse documented the cigarettes were confiscated and they placed a wander guard (added security device to activate the door alarms) on the resident.

The Wandering and At Risk for Elopement document dated 4/3/19 rated Resident #1 as moderate risk for wandering due to loss of self-control, a room change, medication change and antidepressant use.

A Behavior Noted dated 5/11/19 at 2:24 a.m. noted Resident #1 used the code to open doors in the facility. Resident #1 opened the front door for an unknown person and was asked to stop; especially for a stranger at that time of night. The Nurse noted Resident #1 "lunged" at her with a balled fist but retreated when the Nurse advised him the Police would be called.

An Incident/Accident Report revealed Resident #1 eloped and was observed on the road by the parking lot on 6/7/19 at 4:30 a.m..

A document titled #2124 Elopement dated 6/7/18 at 4:50 a.m. documented an employee reported seeing Resident #1 on the road in front of the facility when she arrived for work that morning. The Nurse documented she provided education, assessed the resident and instructed Maintenance to change the door code.

A Behavior Note dated 6/7/19 at 10:19 a.m. noted the Cook reported she saw Resident #1 on the road in front of the Nursing Home parking lot at approximately 4:30 a.m.. The Nurse noted she educated Resident #1 not to leave the facility grounds without signing out with staff, including onto the road.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 3 A Risk Management Statement/Interview Documentation dated 6/7/19 at 5:20 a.m. noted the Cook's statement. She wrote she saw Resident #1 coming down the road from the West into the parking lot, maybe looking into people's cars. The Cook noted she reported it to the MDS Coordinator and the Administrator. A Risk Management Statement/Interview Documentation dated 6/7/19 at 9:30 a.m. noted Staff B, CNA's telephone statement according to the MDS Coordinator. Staff B indicated she knew Resident #1 went outside to smoke; which he frequently did during the overnight shift. Staff B indicated she did not know he left the property; but he returned on his own. A Risk Management Statement/Interview Documentation dated 6/7/19 at 10:00 a.m. noted Staff H, CNA's telephone statement according to the MDS Coordinator. Staff H indicated she knew Resident #1 exited the building through the West exit to smoke. Staff H indicated she did not know he left the grounds; but he returned on his own. An e-mail correspondence between the MDS Coordinator and Staff D, RN at 12:25 p.m. revealed although the Staff D knew Resident #1 went outside in the early morning, she did not know that he went on the road. A Behavior Note dated 6/28/19 at 3:47 p.m. noted the DON and MDS Coordinator approached Resident #1 and asked him for his "smokes" and lighter; which he denied having. Staff confiscated "smokes", lighter and alcohol while the resident bathed. Resident #1 approached them and demanded his "smokes"	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 4	F 689		

and lighter back. The Nurse said she would give him one cigarette but keep the lighter. Resident #1 became very upset; swearing and "flipping them off" while saying he would not follow the rules.

An interview on 8/13/19 at 2:00 p.m. with the Cook revealed she saw Resident #1 in the road in his wheelchair when she arrived for work between 5:20 and 5:30 a.m. on 6/7/19. She said he approached the parking lot about the same time that she did. The Cook stated Resident #1 knows the code to get out and knows how to push the button to get back in without setting off the alarm. She said "he's not much of a rule follower". The Cook said the resident can go out unsupervised. She said she went into the building without him; but assumed he would be following. She informed the Charge Nurse and then notified the MDS Coordinator that afternoon.The Cook recalled a previous incident about a year before when a former employee observed Resident #1 self-propelling his wheelchair unsupervised up a hill near the highway. The Cook said the former employee notified the facility.

An interview on 8/14/19 at 9:30 a.m. with Staff D, Registered Nurse revealed she had only worked in the facility 5 or 10 times with 6/6/19 being one of the first times she worked there as the overnight Charge Nurse. Staff D said the facility questioned her. She last saw Resident #1 about 4:00 a.m. on her shift when he told her and a CNA he was going outside to smoke. Staff D said he went out unsupervised. When asked when Resident #1 returned, Staff D "guessed" he came back sometime after the Cook saw him outside at 5:20 a.m., based on what the facility told her when they called that afternoon. Staff D said she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 5	F 689		

left the facility between 6:30 and 7:00 a.m. and did not know about it until they called. Staff D said neither of the CNAs said anything to her about it before she left. Staff D denied ever being told how Resident #1 had been seen near Casey's without the facility's knowledge on a previous occasion.

An interview on 8/14/19 at 10:25 a.m. with Staff C, CNA revealed she has seen Resident #1 go outside to smoke unsupervised. The CNA said he goes out about 6 times during her 12 hour shift when he has cigarettes. Staff C said he returns his cigarettes and lighter to the nurse as of the last couple of months, although he has not always been so cooperative. Staff C said she did not know if Resident #1 was supposed to tell someone when he went out because they have his name on the list of people that can go outside unsupervised. Staff C said most people let them know when they go out. Staff C stated she has noticed Resident #1 goes out without telling anyone. She said he should sign out before leaving the grounds. When asked, Staff C said the facility never told her someone saw Resident #1 down by Casey's one time, nor did they say she should keep an eye on him. Staff C said she thought it would be a good thing to know. Staff C denied anyone told her how someone recently saw Resident #1 coming into the parking lot at 5:30 a.m..

An interview on 8/14/19 at 10:45 a.m. with Staff F, CNA revealed she has seen Resident #1 go outside unsupervised, which he is permitted to do. According to Staff F, the resident never tells her when he goes out. She stated the facility has never told her residents are supposed to sign out before they leave the premises. Staff F stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 6	F 689		

they had never informed her that Resident #1 had left the premises before without their knowledge, nor have they told her to pay attention to where he is at.

During interview on 8/14/19 at 11:00 a.m. Staff A, CNA stated although she does not know how often Resident #1 goes out to smoke, she has seen him go out. She said he does not let her know very often when he goes out. According to Staff A, Resident #1 can go out unsupervised but should be checked on every 15 minutes. Staff A said she knew he left the grounds about a year ago and went to Casey's without letting anyone know. She said the Director of Nursing (DON) told her after that incident to keep a closer eye on him. Staff A said she never heard of the recent incident but thought she should be informed in light of his history. Staff A thought Resident #1 should be supervised whenever he goes outside.

During an interview on 8/14/19 at 12:45 p.m. Staff G, RN, said she has seen Resident #1 go outside to smoke. He goes out about 5 or 6 times during her shift. Staff G said Resident #1 goes outside to smoke unsupervised. Although she did not know what their policy states, she said she "peeks" out there about every 15 minutes. She said the resident does not tell her when he goes out to smoke. Staff G stated he should not leave the premises unsupervised.

An interview on 8/14/19 at 1:20 p.m. with Staff B revealed she works the 10:00 p.m. to 6:00 a.m. shift. Staff B said she knew Resident #1 went outside often. When asked about the recent incident with Resident #1, Staff B said she did not work with Resident #1 that night, she worked on the opposite end of the building. She said she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 7	F 689		

heard about the incident later but did not know any of the details. She said she did not know if he went out that particular night. When asked, Staff B said the facility did not talk to her about it. Staff B stated she cannot say that he returned to the building that night because she did not know he left and that they could not account for him during the night. Staff B said she has seen Resident #1 go outside to smoke before, he could go outside unsupervised as long as he stayed on the property. Staff B said Resident #1 does not always tell her when he goes out. Staff B said nurses have maybe told her to check on him from time to time. When asked how frequently Resident #1 should be checked on Staff B stated although nobody said how frequently, part of caring for someone means checking on them periodically when they go outside. She said Resident #1 is supposed to return his cigarettes and lighter to the nurse that way they know when he goes out because he has to ask them for his cigarettes before going out.

An interview on 8/14/18 at 3:15 p.m. with Staff H revealed she works the 10:00 p.m. to 6:00 a.m. shift. Staff H said she had no idea that Resident #1 left the facility on the overnight shift recently. She said the facility did not talk to her about it. She denied submitting a statement to the facility regarding Resident #1's whereabouts on 6/7/19. Staff H said she heard about Resident #1 going to Casey's without staff's knowledge the year before, but nothing about the incident in question. Staff H said Resident #1 goes out unsupervised about 4 times during a shift when he stays up all night; which they permit him to do. She said she has never been told to check on him periodically when he goes out. When asked, Staff H said she did not know the Cook saw him outside at 5:20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 8 a.m. on 6/7/19. Staff H said he usually asked for cigarettes before going out. Staff H said she did not recall the night in question it seemed uneventful without having any knowledge about Resident #1 not being accounted for. Staff H said she never usually checked on him when he went out to smoke. She said the facility never told her to nor did they emphasize the importance of tracking him due to his previous elopement. According to Staff H, unless he had to ask for his cigarettes, he never usually let them know when he left or when he returned. Staff H said Resident #1 did not always turn his cigarettes in either. She said Resident #1 liked to sit outside for awhile after having a cigarette. He also liked to go outside for fresh air even when he did not have cigarettes. Staff H said "it would be real easy to lose track of him". An interview on 8/15/19 at 9:30 a.m. with the MDS Coordinator/RN revealed the Cook informed her at about 10:00 a.m. that she saw Resident #1 on the road right outside the building when she came into work that morning. According to the RN, the Cook said she never told the Charge Nurse; therefore they educated her to tell the nurse immediately when she saw something like that. The RN said she spoke to the overnight Charge Nurse. The Charge Nurse said she knew Resident #1 went out to smoke about 4:00 a.m.but did not know he left the property. The RN said they spoke to Resident #1 and told him he could not leave the property. She told him he needed to turn his cigarettes and lighter into the Charge Nurse. Although that has been a rule right along, the RN said he has not always done it. She said an outside source brought cigarettes into the facility for him without letting them know. The RN said they only give him one cigarette at a time	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 9	F 689		

now so he has to ask for one before he goes out.She said Resident #1 is supposed to let them know anytime he goes out. The RN said she wonders if the overnight staff always knows when he does. The RN said staff are supposed to do checks about every 15 minutes when he goes out even on overnight shift. She stated because of the incident on 6/7/19, they requested for Maintenance to change the door code as a new intervention because the resident apparently knew the code. The RN said she asked the Maintenance Man a couple weeks later if he changed it. According to the RN, he said no he had not figured it out yet. The RN said the Maintenance Man quit shortly afterwards without changing the code. She said the new Maintenance Man has it on his list of things to do, but has not figured it out yet either. According to the RN, the code remains unchanged. The RN said "I don't know how affective it would be anyway because he will just figure it out again". When asked about other interventions that have been implemented since 6/7/19, the RN said Resident #1 agreed to notify staff before going outside and agreed to sign out if he intended on leaving the property. The RN said those interventions have been in place before this incident but they re-educated him as other new interventions. When asked whether overnight staff knew of Resident #1's whereabouts after 4:00 a.m., the RN said "if they did not know, they should have. That's the expectation".

An interview on 8/15/19 at 10:00 a.m. with the Director of Nuring (DON) revealed the MDS Coordinator told her on 6/7/19, in the afternoon, the Cook reported seeing Resident #1 self-propelling his wheelchair in the street and into the parking lot when she arrived at work at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 10 5:20 a.m.. Although Resident #1 could go out unsupervised staff should check on him about every 15 minutes. The DON said Resident #1 is supposed to let someone know before going out and has to sign out if he leaves the grounds. According to the DON, they should have checked on him if they did not. When asked, the DON said she did not know what time Resident #1 went out or what time he returned. The DON said the Cook did not tell anyone about seeing him in the street until she told the MDS Coordinator later in the day. According to the DON, she should have told the Charge Nurse. The DON said they educated the Cook to inform the Charge Nurse immediately if/when something like that happens.The DON said Resident #1 goes out frequently and has to ask for his cigarettes; which notifies the Charge Nurse of his intentions. The DON said Resident #1 did not always return the cigarettes so she instructed staff to only give him one at a time. The DON said she knew Resident #1 received cigarettes from an outside source without their knowledge. According to the DON, they contacted the suspected family member and informed them to give cigarettes to the nurse. The DON said Resident #1 does not always have cigarettes, but still goes outside for fresh air. She said staff has been educated to check on residents frequently when they are outside. During interview on 8/20/19 at 11:00 a.m. Staff I, CNA stated Resident #1 did not like to listen to them and can become very combative. Staff I said she has seen him enter the code to leave the building so the alarm does not activate. Staff I said the resident does not let them know when he goes out although he is supposed to. Staff I said they do not supervise him once he goes outside. She said people trust him, although she does not	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 11	F 689		

think they should. According to Staff I, she has never been told to check on him periodically; but believes they should. She believed they listed him as one of the residents that could go out unsupervised. Staff I said he should probably be put on the supervised list now that he has left the grounds. Staff I said Resident #1 gets bored and goes outside for any reason not just to smoke. When asked, Staff I said nobody ever told her that he went to Casey's without informing staff. She said that would be good information to have so she knew how closely he should be monitored. Staff I thought they would be responsible for negative outcomes related to the risks he takes because they do not supervise him. She said he goes outside 4 to 5 times during her shift that she knows of but nobody really knows how often.

An interview on 8/20/19 at 10:35 a.m. with the Maintenance Supervisor revealed he has worked at the facility for about 2 weeks. The Supervisor said they asked him to change the door alarm code last Wednesday or Thursday; which he did immediately. The Maintenance Supervisor said they told him the previous Maintenance Supervisor did not know how to change the code, but he did not find it difficult at all.

The March 2013 revised Elopement Prevention and Management policy included: the facility attempts to prevent resident elopement, while promoting and supporting resident mobility. The goal is to enable the resident to attain and maintain his highest practicable physical, mental and psychosocial well-being while reducing the risk of elopement.

Components of the elopement program include, but are not limited to:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 12 *Protected list of names and photographs of Residents identified as being at risk for elopement. *Regular rounds. *Structured group activities. *Environmental modifications to promote safe mobility. Procedure: 1. Identify Residents who are at risk for elopement. All new admissions that are at risk for elopement will have interventions put into place immediately until further assessment is complete. Interventions may include but are not limited to: - Environmental modifications to prevent undetected exit (wander alerts, door alarms). - Increased frequency of "Resident location" rounds. Any Resident with a history of wandering/elopement in a prior setting. 2. Determine elopement risk factors, which include but are not limited to: History of wandering and/or elopement. New Admission with adjustment difficulties or a desire to return to previous living situation. Dementia or dementia related disease. Restless, irritable. Anxiety. 3. Document risk factors. 4. Develop and document individualized interventions to manage risk factors. 5. Discuss interventions and goals with Resident and/or responsible party.	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 13 6. Communicate risk factors and interventions to the caregiving team. 7. Monitor and document Resident response to elopement risk reduction interventions. 8. Evaluate effectiveness of interventions, modify goals and interventions as indicated and communicate the changes to the caregiving team, Resident and/or responsible party. The facility abated the immediate jeopardy on August 20, 2019 by changing the door key code, staff education, elopement drills and risk for elopment audits completed with resident care plans updated as needed.	F 689		
F 926 SS=D	Smoking Policies CFR(s): 483.90(i)(5) §483.90(i)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account nonsmoking residents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff interviews and facility policy the facility failed to comply with the safety precautions outlined in their smoking policy; their designated smoking area being too close to the entrance and not equipping the area with a fire extinguisher, a smoking blanket and smoking aprons and failed to provide adequate supervision to one resident who smokes, (Resident #1) The facility reported a census of 44 residents. Findings include:	F 926		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 14 The April 2019 revised Smoking policy indicated the facility will provide a safe designated smoking area for residents who smoke. Besides a non-combustible ashtray; other safety equipment in the designated smoking area will include a smoking blanket, smoking aprons and a fire extinguisher. Smoking may not occur within 50 feet of an exit or entrance to the facility. Smoking materials will be secured by the facility. Residents that are assessed as unsafe to smoke with reasonable accommodations or fail to adhere to the smoking policy will not be allowed to smoke. Residents who fail to follow the smoking policy will be re-educated and additional non-compliance could result in discharge from the facility. Observation on 8/14/19 at 7:20 a.m. revealed the ash receptacle in the Residents' designated smoking area located 19 feet from the front entrance of the building. The ash receptacle sat right next to a wooden post that supported the roof over the front entrance. The smoking area was not equipped with a fire extinguisher or other safety devices named in their smoking policy. Observation on 8/14/19 at 7:45 a.m. revealed the ash receptacle in the Employees' designated smoking area located 12 feet from rear entrance to the building. The table and chairs provided for Employees sat even closer; between the ash receptacle and entry door. The smoking area was not equipped with a fire extinguisher or other safety devices named in their smoking policy. The Minimum Data Set (MDS) assessment dated 3/28/19 noted Resident #1's had diagnoses of stroke, hemiplegia/hemiparesis	F 926		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 15	F 926		

(paralysis/weakness of one side of the body) and depression. Resident #1 had some difficulty making daily decisions in new situations. The resident always understood others, but they sometimes had difficulty understanding him. Resident #1 was independent with transfer and locomotion on and off the unit.

Resident #1's Care Plan included potential for elopement related to dementia with behavioral disturbances and agitation, initiated on 7/3/18. The Care Plan indicated door alarms should be activated at all times and staff should follow the missing person's policy if Resident #1 left the grounds without notifying staff. The 7/5/18 revision noted Resident #1 signed a behavioral contract agreeing to notify staff when exiting the facility and signing out when leaving the grounds. The 8/14/18 revision indicated Resident #1 may sit outside unsupervised. The Care Plan included interventions dated 8/17/18; Resident #1's cigarettes and lighter will be kept in the medication cart when not in use and he will notify staff when going to the designated smoking area to smoke.

A document titled, Residents allowed to sit outside unsupervised with frequent checks by staff, included Resident #1's name.

A document titled #1673 Elopement dated 7/3/18 at 7:30 p.m. documented how a former employee reported seeing Resident #1 by Casey's (0.4 miles from facility per Google Maps). A Nurse went immediately and located him near the Casey's. Resident #1 stated he left to purchase cigarettes.

The Wandering and At Risk for Elopement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 16	F 926		

document dated 4/3/19 rated Resident #1 as moderate risk for wandering due to loss of self-control, a room change, medication change and antidepressant use.

A Behavior Noted dated 5/11/19 at 2:24 a.m. noted Resident #1 used the code to open doors in the facility. Resident #1 opened the front door for an unknown person and was asked to stop; especially for a stranger at that time of night. The Nurse noted Resident #1 "lunged" at her with a balled fist but retreated when the Nurse advised him the Police would be called.

An Incident/Accident Report revealed Resident #1 eloped and was observed on the road by the parking lot on 6/7/19 at 4:30 a.m..

A document titled #2124 Elopement dated 6/7/18 at 4:50 a.m. documented an employee reported seeing Resident #1 on the road in front of the facility when she arrived for work that morning. The Nurse documented she provided education, assessed the resident and instructed Maintenance to change the door code.

A Behavior Note dated 6/7/19 at 10:19 a.m. noted the Cook reported she saw Resident #1 on the road in front of the Nursing Home parking lot at approximately 4:30 a.m.. The Nurse noted she educated Resident #1 not to leave the facility grounds without signing out with staff, including onto the road.

A Health Status Note dated 5/28/19 at 12:38 p.m. noted staff reported Resident #1 was asking other residents for money to buy cigarettes; which he denied doing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 17	F 926		

A Behavior Note dated 6/28/19 at 3:47 p.m. noted the DON and MDS Coordinator approached Resident #1 and asked him for his "smokes" and lighter; which he denied having. Staff confiscated "smokes", lighter and alcohol while the resident bathed. Resident #1 approached them and demanded his "smokes" and lighter back. The Nurse said she would give him one cigarette, but keep the lighter. Resident #1 became very upset; swearing and "flipping them off" while saying he would not follow the rules.

An interview on 8/14/19 at 10:25 a.m. with Staff C, CNA revealed she has seen Resident #1 go outside to smoke unsupervised. Staff C said he goes out about 6 times during her 12 hour shift when he has cigarettes. She said he gives his cigarettes and lighter back as of the last couple of months although he has not always been so cooperative.

An interview on 8/14/19 at 11:00 a.m. with Staff A, CNA revealed she has seen Resident #1 go out to smoke. According to Staff A, Resident #1 can go out unsupervised but should be checked on every 15 minute checks. Staff A said she does not know how often he goes out to smoke, he does not let her know very often when he goes out.

An interview on 8/14/19 at 12:45 p.m. with Staff G, RN, revealed she has seen Resident #1 go outside to smoke. She said he goes out about 5 or 6 times during her shift. The Staff G recalled a time when Resident #1 took another resident's cigarettes that were temporarily stored behind the Nurses' Station. According to Staff G, another nurse grabbed Resident #1's pocket and smashed the cigarettes because he concealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 18	F 926		

them in his pocket and would not give them back. Staff G said Resident #1 goes outside to smoke unsupervised. Although she did not know what their policy states, she said she "peeks" out there about every 15 minutes. Staff G said Resident #1 has not been very good about giving his cigarettes and lighter back to the nurse. He refuses to give the cigarettes back to her despite re-educating him about their rules. Staff G said she waits for him to go to sleep and looks for opportunities to take them out of his room. Staff G said he gets away with it a lot because he tantrums when they confront him. She said he "is pretty much non-compliant with everything". Staff G stated the resident does not tell her when he goes out to smoke. Staff G said he should not leave the premises unsupervised.

An interview on 8/14/19 at 1:20 p.m. with Staff B, CNA revealed she has seen Resident #1 go outside to smoke before and he could go outside unsupervised as long as he stayed on the property. Staff B said Resident #1 does not always tell her when he goes out.

An interview on 8/14/18 at 3:15 p.m. with Staff H, CNA revealed Resident #1 goes out unsupervised about 4 times during a shift when he stays up all night; which they permit him to do. Staff H said she never usually checked on him when he went out to smoke. She said the facility never told her to nor did they emphasize the importance of tracking him due to his previous elopement. Staff H said Resident #1 did not always turn his cigarettes in either. According to Staff H, unless he had to ask for his cigarettes, he never usually lets them know when he leaves or when he returns. Staff H said "it would be real easy to lose track of him".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 19 An interview on 8/15/19 at 9:30 a.m. with the MDS Coordinator/RN revealed the Cook informed her at about 10:00 a.m. that she saw Resident #1 on the road right outside the building when she came into work that morning. According to the RN, the Cook said she never told the Charge Nurse; therefore they educated her to tell the nurse immediately when she saw something like that. The RN said she spoke to the overnight Charge Nurse. The Charge Nurse said she knew Resident #1 went out to smoke about 4:00 a.m.but did not know he left the property. The RN said they spoke to Resident #1 and told him he could not leave the property. She told him he needed to turn his cigarettes and lighter into the Charge Nurse. Although that has been a rule right along, the RN said he has not always done it. She said an outside source brought cigarettes into the facility for him without letting them know. The RN said they only give him one cigarette at a time now so he has to ask for one before he goes out.She said Resident #1 is supposed to let them know anytime he goes out. The RN said she wonders if the overnight staff always knows when he does. The RN said staff are supposed to do checks about every 15 minutes when he goes out even on overnight shift. She stated because of the incident on 6/7/19, they requested for Maintenance to change the door code as a new intervention because the resident apparently knew the code. The RN said she asked the Maintenance Man a couple weeks later if he changed it. According to the RN, he said no he had not figured it out yet. The RN said the Maintenance Man quit shortly afterwards without changing the code. She said the new Maintenance Man has it on his list of things to do, but has not figured it out yet either. According to	F 926		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 20 the RN, the code remains unchanged. The RN said "I don't know how affective it would be anyway because he will just figure it out again". When asked about other interventions that have been implemented since 6/7/19, the RN said Resident #1 agreed to notify staff before going outside and agreed to sign out if he intended on leaving the property. The RN said those interventions have been in place before this incident but they re-educated him as other new interventions. When asked whether overnight staff knew of Resident #1's whereabouts after 4:00 a.m., the RN said "if they did not know, they should have. That's the expectation". An interview on 8/15/19 at 10:00 a.m. with the Director of Nuring (DON) revealed the MDS Coordinator told her on 6/7/19, in the afternoon, the Cook reported seeing Resident #1 self-propelling his wheelchair in the street and into the parking lot when she arrived at work at 5:20 a.m.. Although Resident #1 could go out unsupervised staff should check on him about every 15 minutes. The DON said Resident #1 is supposed to let someone know before going out and has to sign out if he leaves the grounds. According to the DON, they should have checked on him if they did not. When asked, the DON said she did not know what time Resident #1 went out or what time he returned. The DON said the Cook did not tell anyone about seeing him in the street until she told the MDS Coordinator later in the day. According to the DON, she should have told the Charge Nurse. The DON said they educated the Cook to inform the Charge Nurse immediately if/when something like that happens.The DON said Resident #1 goes out frequently and has to ask for his cigarettes; which notifies the Charge Nurse of his intentions. The DON said Resident	F 926		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 21 #1 did not always return the cigarettes so she instructed staff to only give him one at a time. The DON said she knew Resident #1 received cigarettes from an outside source without their knowledge. According to the DON, they contacted the suspected family member and informed them to give cigarettes to the nurse. The DON said Resident #1 does not always have cigarettes, but still goes outside for fresh air. She said staff has been educated to check on residents frequently when they are outside. An interview on 8/20/19 at 11:00 a.m. Staff I, CNA revealed Resident #1 did not like to listen to them and can become very combative. Staff I said she has seen him enter the code to leave the building so the alarm does not activate. Staff I said the resident does not let them know when he goes out although he is supposed to. Staff I said they do not supervise him once he goes outside. Staff I said people trust him but she does not think they should. She said she has never been told to check on him periodically; but believes they should. She believed they listed him as one of the residents that could go out unsupervised. Staff I said he should probably be put on the supervised list now that he has left the grounds. Staff I said Resident #1 gets bored and goes outside for any reason, not just to smoke. When asked, Staff I said nobody ever told her that he went to Casey's without informing staff. She said that would be good information to have so she knew how closely he should be monitored. Staff I thought they would be responsible for negative outcomes related to the risks that he takes because they do not supervise him. She said he goes outside 4 to 5 times during her shift that she knows of but nobody really knows how often.	F 926		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165248	A. BUILDING _____ B. WING _____	C 08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ACRES CARE CENTER	309 RAILROAD STREET HULL, IA 51239

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 926	Continued From page 22 An interview on 8/20/19 at 10:35 a.m. with the Maintenance Supervisor revealed he has worked at the facility for about 2 weeks. The Supervisor said they asked him to change the door alarm code last Wednesday or Thursday; which he did immediately. The Maintenance Supervisor said they told him the previous Maintenance Supervisor did not know how to change the code, but he did not find it difficult at all.	F 926		

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION
(X3) DATE SURVEY
COMPLETED
PRINTED: 09/03/2019
FORM APPROVED
(X2) MULTIPLE CONSTRUCTION
B. WING

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

165248 08/21/2019

C

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE
309 RAILROAD STREET
PLEASANT ACRES CARE CENTER
HULL, IA 51239

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)
(X5)

COMPLETION DATE: ~~August~~ September 13, 2019

F 689
Free of Accident Hazards/Supervision/Devices
CFR(s): 483.25(d)(1)(2)

Resident #1 was identified on the road in front of the facility in wheelchair and returned to facility independently on 6/7/19. An assessment was conducted by licensed nurse and no injury identified on 6/7/19. PCP was notified on 6/7/19. Resident is his own POA. Resident was re-educated by the MDS Coordinator on 6/7/19 that being on the road in front of the facility is considered being off the facility grounds and resident would need to sign out. Facility door code was changed by Maintenance Director on 8/15/19 and 8/16/19. The licensed nurse reviewed and revised Resident #1's plan of care to include direct visual supervision while outside the facility.

An audit of residents at risk for elopement was completed by the Director of Nursing/designee on 8/19/19 to identify residents at risk for elopement. Those residents identified at risk have updated care plans.

Facility staff were re-educated by the Director of Nursing/designee regarding the centers policy on elopement on 8/19/19. The Maintenance Director/designee will conduct an Elopement drill monthly times 6 months to test the staff's response to sounding alarms and elopement. Residents triggering for at risk for elopement will be supervised while outside. Re-education provided to maintenance department for routine change of door codes, monthly and PRN. The DON/designee provided education to facility staff by 9/3/19, regarding Resident #1's care plan changes for direct visual supervision while outside the facility.

The facility Administrator or designee will audit documentation for key code changed for 5x/week for 4 weeks and weekly for 2 months. The facility Director of Nursing or designee will perform observational audits of 3 residents who are assessed to be at risk for elopement, for their location, 3x/week for 4 weeks and weekly for 2 months.

F 926
Smoking Policies
CFR(s): 483.90(i)(5)

On 8/21/19 the smoking areas for residents and staff were moved to be at least 50 feet from facility entrance and exit doors.

On 8/21/19 the Administrator audited the resident and staff smoking areas to identify equipment needs.

The Administrator will educate the facility staff related to the facility smoking policy. The Administrator will provide fire extinguisher, a smoking blanket and smoking aprons for the resident smoking area and a fire extinguisher for the staff smoking area by 9/13/19.
The DON/designee provided education to facility staff by 9/3/19, regarding Resident #1's care plan changes for direct visual supervision while outside the facility.

Donna Schellenberg 9/11/2019

The Administrator or designee will monitor the resident and staff smoking areas at least 3 days per week times 8 weeks then 1 x weekly times 4 wks. The Administrator or designee will report monitoring findings to the facility QAPI committee X 3 months.

Donna Schellenberg 9/11/2019