Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **7056**			**Date:** **October 24, 2019**
Facility Name: **Mosaic 102 Kelly's Court**		**Survey Dates:** **September 23 & October 3, 2019**	
Facility Address/City/State/Zip **102 Kelly's Court** **Forest City, IA 50436**	**MW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
56.6(1)	**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.	**I**	**$21,000 (treble)**	**UPON RECEIPT**
64.60	**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. 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. This rule is intended to implement Iowa Code section 135C.2(3).			

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W249	**W249-**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. **DESCRIPTION:** Based on observations, interviews and record reviews the facility failed to ensure staff consistently followed Individual Program Plans (IPPs). This affected 3 of 3 sample clients (Client #1,Client #2 and Client #3) involved in investigations 85658-I (Client #2), 85671-I (Client #1) and #85665-I (Client #3) Findings follow: 1. Record review on 9/23/19 revealed a facility self-report dated 9/2/19 documenting Client #1's elopement from the facility. According to the report, on 9/2/19 as a staff sat in her car, she observed Client #1 walking down the driveway by himself. This staff met the client and walked him back into his home. When they came in, staff looked very confused because the client had been in the fenced back yard where the gate was to be locked. Staff checked the gate and found it unlocked.			

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	Client #1's General Event Report dated 9/2/19 also documented Client #1's incident of leaving the facility without staff knowledge. The Licensed Practical Nurse documented no obvious injuries were observed. Client #1's record revealed a 30 year old with a diagnosis of moderate intellectual disability, impulse disorder, autistic disorder, major depressive disorder, obesity, epilepsy, insomnia and acute gingivitis. Client #1 ambulated independently, could speak clearly and ate without assistance. When interviewed on 9/23/19 at 2:10 p.m. Direct Support Associate (DSA) A stated on 9/2/19 while in the kitchen preparing lunch DSA C brought Client #1 to the facility and said she found him walking down the driveway. To her knowledge, DSA B should have been in the central area of the facility where she could observe the exit doors. DSA A stated she followed Client #1 out of the house once prior to the incident occurring when Client #1 went out the front door. She stated Client #1 said he wanted to sit outside and this must have been when he left the property. DSA A stated there would have been no more than five minutes between when the client went outside and when he returned to the facility with			

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	DSA C. She stated he must have reached over the fence and got the gate open. DSA A stated Client #1 could sit outside inside the gated area but staff should check on him frequently. She stated, at the time of the incident, one staff (DSA D) assisted clients with personal cares in their bedrooms and the other staff (DSA B) was apparently with another client who required increased supervision. When interviewed on 9/23/19 at 3:10 p.m. DSA B stated on 9/2/19 she assisted another client in the living room of the facility when Client #1 left without her knowledge. At the time of the incident, DSA A prepared lunch in the kitchen and DSA D assisted clients in their bedrooms. DSA B stated one staff should be in a zone in which the exit doors could be observed. She stated she briefly left the area due to another client pulling her into the living room but felt DSA A could still monitor the exit doors from the kitchen. DSA A was assigned to Client #1 and did not ask her to monitor Client #1's whereabouts. When interviewed on 9/24/19 at 10:20 a.m. DSA C stated on 9/2/19, while taking a break in her personal vehicle, she observed Client #1 walking down the driveway, away from 102 Kelly's Court. She stated she worked at 101 Kelly's Court on that day but was familiar with Client #1 due to			

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	assisting him at his previous facility. When she observed Client #1 and did not see any staff following him, she got out of her car and talked to him. The client had his headphones on so she signaled to remove them. She asked Client #1 to tell her what happened. Client #1 said he was upset with everybody and no one would answer his phone calls. She asked where he would go and he stated, Des Moines to visit his grandmother. DSA C reminded him when it would be appropriate to call people including his guardian as they walked back to the facility. She stated Client #1 never left the driveway or facility property. When they came in the facility, DSA B appeared surprised to see the client with her. When DSA C informed DSA A and DSA B she found the client walking down the driveway, they appeared surprised. Client #1 told staff he went out through the gate in the backyard. DSA B then went to the backyard and when she returned, stated the gate was open. DSA C said she observed DSA A in the kitchen when she came into the facility but did not know the location of the third staff. Prior returning to 101 Kelly's Court, she asked Client #1 to find something to do to distract himself and he stated he would go play video games. When interviewed on 9/24/19 at 12:45 p.m. DSA D stated she worked on 9/2/19 and while			

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	assisting other clients with personal cares, Client #1 left the facility without staff knowledge. She heard about the situation when DSA B informed her, while in a client's bedroom, the client left the facility, returning with a staff from another house. DSA D stated she informed DSA B she would be assisting clients in their bedrooms. She also recalled Client #1 was in his bedroom when she left the main area to assist clients in their bedroom. Two other staff (DSA A and DSA B) were in the main areas of the facility. She said staff should always be present in the main area of the facility in order to watch the three exits of the facility so clients could not leave without staff knowledge. Observation on 9/23/19 at 4:50 p.m. revealed Kelly's Court Houses 101, 102 and 105 were located on the same city block. The houses were arranged in a horseshoe with one one-way driveway. House 102 was located at the beginning of the driveway. Accuweather listed the weather in Forest City on 9/2/19 as 82 degree Fahrenheit (high) and 62 degree Fahrenheit (low). Record review on 9/24/19 revealed Client #1's IPP addressing elopement documented one staff should keep their eyes on the exit doors and			

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	know where Client #1 whereabouts were at all times. Client #1's Individual Data Sheet last updated on 5/9/19 documented staff should know where the client was at all times. When interviewed on 9/23/19 at 12:35 p.m. the Direct Support Supervisor (DSS) confirmed staff failed to provide the appropriate level of supervision to Client #1. She stated when staff were not present in the main area of the facility, they were not zoning correctly enabling the client to leave the facility without staff knowledge. When interviewed on 9/24/19 at 1:15 p.m. the Qualified Intellectual Disability Professional (QIDP) confirmed staff failed to follow Client #1's supervision level as outlined in his IPP. She stated the client's program had been revised to include a bracelet system which identified staff accountability of Client #1. 2. Record review on 9/23/19 revealed a facility self-report dated 8/21/19 documenting Client #2's choking episodes: a. On 8/16/19, after eating supper, Client #1 got up from her table. When staff turned to enter the kitchen, the client followed behind, grabbed a handful of chicken off the counter. Staff attempted to block her and as she stepped back,			

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	tripped over the open dishwasher door. Staff assisted Client #2 to her feet and she ran to her room with food in her mouth. Another staff followed her immediately, observed her choking and patted Client #1 on the back. The client then swallowed the chicken pieces. Staff contacted the nurse and determined the client should be transported to the Emergency Room (ER). The ER staff noted the client still had food stuck in her throat and determined she should be transported to the hospital in Mason City. b. On 8/20/19, following supper meal, Client #2 grabbed some chicken in a bowl on top of the refrigerator and placed it in her mouth. She immediately began to choke and when staff patted her on the back, she swallowed. Paramedics were called and the client was assessed. Due to normal breathing and able to eat some pudding, the paramedics determined Client #2 did not need to go to the ER. Record review on 9/24/19 revealed Client #2's Discharge Summary from Mercy Medical Center-North Iowa dated 8/17/19. According to the report, the client was admitted to the hospital for likely partial esophageal obstruction secondary to foreign body ingestion. The plan for an upper endoscopic examination was canceled because of the resolution of her acute issue. Due to the			

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	client deemed stable, discharge back to the facility occurred. Client #2's record revealed a 43 year old with a diagnosis of severe intellectual disability; autism, impulse control disorder, pica, chronic constipation, dysmenorrhea, hypertension, myopia and seborrhea dermatitis. The client could ambulate and feed herself independently with staff supervision. The client's primary means of communication would be through vocalizations such as making noises, crying, whining, laughing/giggling and moaning and groaning. She also exhibited gestures which included reaching and grabbing. She could respond to spoken, tactile and gestural signals. She appeared to understand the concept of yes/no but could not indicate yes/no response through head nods and head shakes. Her dietary order documented she should receive a pureed diet. When interviewed on 9/23/19 at 2:10 a.m. DSA A stated on 8/16/19, when Client #2 finished her meal, staff went to take her dishes to the kitchen and did not realize the client followed him. Client #2 grabbed food located on the counter by the stove. She grabbed a handful of chicken and placed it in her mouth and then ran to her bedroom. DSA A got a cup of water and went to her bedroom. DSA A gave Client #2 a drink but			

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	appeared to struggle breathing, so she did the Heimlich. In addition, DSA A patted her on the back but no chicken came out, only liquid. Client #2 seemed to be vomiting in her mouth. She could not see any chicken coming out of her mouth and decided to call 911. Emergency Medical Services (EMS) transported Client #2 to the ER and then she went to Mason City to the hospital. DSA A thought they were going to do a special procedure with her but then did not have to do it. DSA A stated staff should always watch Client #1 closely. Generally, when she went to her bedroom after a meal, there were no issues with her taking food but when she did not leave the dining room, she might try to steal food. Food should be covered after staff eat and placed in the refrigerator. To her knowledge, nothing really changed in regards to supervising the client after the incident and she received no additional training. When interviewed on 9/23/19 at 3:40 p.m. DSA E stated he assisted with Client #2 during supper on 8/16/19. After she finished eating, the client handed him her plate and he took the dishes to the kitchen. As he rinsed and placed the dishes in the dishwasher, he did not realize the client was behind him. Client #2 grabbed chicken which sat on the counter. He recalled the chicken was cut into small pieces. She shoved pieces of			

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	chicken in her mouth and tried to run out of the area but tripped over the open dishwasher door. She got up very quickly and ran to her bedroom. DSA A followed the client to her bedroom. They called 911 because she did not seem to breath normally and Client #2 was transported to the hospital. DSA E did not see Client #2 after that. On 8/20/19, DSA E was in the kitchen cleaning up after supper when Client #2 came into the area and grabbed chicken which sat on top of the microwave. He thought she placed a large piece of chicken in her mouth. He kept telling the client to chew as she left the kitchen. To his knowledge she swallowed the chicken without problem but 911 was called. He stated Client #2 only ate pureed food and should not have anything else. The food was uncovered in both situations but located in different areas of the kitchen. He did not know of any changes in Client #2's supervision level after the incidents and said she should always have close supervision because of this behavior. He stated he positioned himself differently in the dining room so she would not be able to access the kitchen since the incidents. DSA E also stated he felt staff should keep food located in the kitchen covered to prevent her from stealing food. When interviewed on 9/24/19 at 1:55 p.m. Direct Support Specialist A stated on 8/20/19 Client #2			

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	came out of her bedroom and sat in a chair close to the kitchen after supper. DSA E was in the kitchen completing mealtime clean-up. A container of chicken sat on top of the microwave and Client #1 quickly got up from her chair and ran to the kitchen placing a handful of chicken in her mouth. DSS A stated she instructed DSA E to approach the client calmly and walk her to her bedroom. DSS A got the stethoscope and some water and went to Client #2's bedroom. She observed the client throwing her arms up in the air like she was trying to catch her breath. She attempted to do the Heimlich but Client #2 pushed her away. DSS A gave her some water which she spit up. The client vomited about four times. Staff called 911 because Client #2 had a similar incident a few days prior and she did not want to take any chances. She could not hear anything obstructing her airway but Client #2 continued to try to vomit. When EMS arrived and assessed, they felt no reason to take her to the hospital. DSS A was instructed to give the client some pudding to ensure she could swallow. Also, nursing wanted staff to monitor her every 15 minutes for the remainder of the shift. Client #2 did vomit two more times. She stated staff were in their zoning spots but food was uncovered in the kitchen. Also, staff should supervise the client closely due to her food stealing and pica behaviors.			

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	Record review on 9/25/19 revealed Client #2's IPP addressing inappropriate behaviors last updated on 4/22/19. According to the plan, precursors to food stealing included being near the kitchen door, pacing around the dining area, watching others food at the table, lingering at the dining table when done eating. Staff should position themselves to prevent a food steal by putting themselves between her and others food. When Client #2 stole food, staff should request she remove the food from her mouth but she might not do this. The client sometime left her bedroom without staff knowledge, especially during the night when staff were busy with other individuals. She would go into the kitchen and eat both edibles and non-edibles. To keep her safe, an alarm was placed on her bedroom door and should be turned on whenever she was in her bedroom so staff were aware of her leaving her room. Client #2's informal program addressing mealtime, also noted the client had the behavior of stealing food. She would take off of others plates, take food off the floor or table and or take food while in the kitchen. She needed to be monitored very closely at mealtime. Staff should position themselves between her and others food. Actions to watch for when she might possibly food steal were sitting in furniture near the kitchen door, pacing around the dining area, watching			

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	others food at the table, lingering at the table when done eating. Staff should position themselves to prevent food steal by placing themselves between her and others food. 3. Observation on 9/23/19 at 5:50 p.m. revealed Client #2 came to the dining room table and ate pureed food and drank her fluids while supervised by DSA E. Staff failed to provide her communication device throughout the meal. Observation on 9/24/19 at 9:08 a.m. revealed Client #2 ate puree sausage and waffle and drank her fluids while supervised by DSA G. Staff failed to provide her communication device throughout the meal. Observation on 9/25/19 11:30 a.m. revealed Client #2's communication device located on a side table in the dining room. The device had the words "Done Eating" on the front. The device failed to activate due to the lack of batteries. Client #2's informal program addressing mealtime documented she used a switch to communicate to staff when done eating. The program directed staff to have this at her place setting at mealtimes/snack. When interviewed on 9/25/19 at 4:30 p.m. the			

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	QIDP confirmed Client #2's staff failed to follow Client #2's IPPs which included zoning expectations which gave the client access to food. 4. Record review on 10/02/19 revealed a facility investigation of an incident on 8/31/19 when Client #3 left the facility without staff knowledge at approximately 6:15 p.m. A client from the group home next door saw Client #3 outside without staff and alerted a staff person at his house, who went outside to escort Client #3 back to his home at 102 Kelly's Court. Client #3 had been walking on the circle drive toward 105 Kelly's Court next door when staff went outside to assist him back to his home. Client #3 was not injured. According to the state of Iowa climatologist the temperature in Forest City, Iowa on 8/31/19 at 5:55 p.m. (closest reading to 6:15 p.m.) was 61 degrees Fahrenheit with no precipitation. Additional record review revealed Client #3 was 17 years old with a diagnosis including severe intellectual disability, autism, seizure disorder and sleep disorder. Client #1 ambulated independently. He was non-verbal, without functional communication skills. Client #3 was admitted to Mosaic-105 Kelly's Court on 3/14/19. He later moved to 102 Kelly's Court. While at 105			

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	Kelly's Court, Client #3 had a history of leaving or attempting to leave the facility without staff knowledge/supervision. At the time of the incident on 8/31/19, Client #3 had a Behavior Support Program (BSP) in place, which included the target behavior of "exiting." According to the BSP, "The staff person working with (Client #3) will wear the orange bracelet when there are four groups. When there are three staff, he will be paired with the group with the black bracelet. Anytime that the person who has his group is helping someone else, or not where they can not visually monitor (Client #3) they will hand the bracelet to another staff, turning over supervision to that staff. When (Client #3) is in his room, staff will check on him every five minutes. Staff will also position themselves so that they can see all exit doors. Alarms are on the side door that exits into the parking lot and the front door." When interviewed on 10/02/19 at 1:25 p.m., the Program Manager stated DSA H was responsible for Client #3 and another client at the time of the incident on 8/31/19. DSA H left with Client #1 to go to a football game after dinner. She failed to communicate with the other two staff, DSA D and DSA I, regarding supervision for her two assigned clients. A staff person was supposed to stay in the dining room area of the house in order to monitor the three exit doors, per agency protocol.			

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	The front and side door had alarms that should have sounded when the doors opened and stopped when the doors closed. A patio door that led to the fenced side yard was not alarmed. During the course of the facility investigation, the Program Manager determined the front door alarm was turned off at the time of the incident. She was unable to determine who turned it off or how long it had been turned off. Since the elopement incident on 8/31/19, the facility in in the process of implementing a Wanderguard system in the home. During her investigation, the Program Manager determined Client #3 was found in the circle driveway between his home at 102 Kelly's Court and the group home next door, 105 Kelly's Court. Client #3 was found approximately 80-85 feet from the front door of his home. The circle drive is a private driveway used by the three agency group homes. When interviewed on 10/02/19 at 2:00 p.m. DSA D stated he worked a double shift at the facility on 8/31/19. He came in at 7:00 a.m. DSA D didn't hear the door alarm go off when he came in the front door or at any time that day, but he said he didn't really think about it. The other second shift staff were DSA H and DSA I. DSA D was assigned to Client #1, Client #2 and another client. DSA H was assigned to Client #3 and another client. After supper, DSA H left with			

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Facility Administrator Date

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Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: **7056**			**Date:** **October 24, 2019**
Facility Name: **Mosaic 102 Kelly's Court**		**Survey Dates:** **September 23 & October 3, 2019**	
Facility Address/City/State/Zip **102 Kelly's Court** **Forest City, IA 50436**	**MW**		

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	Client #1 to a football game. She left without discussing who would be responsible for her two assigned clients. DSA H didn't talk to DSA D or DSA I about taking Client #1 on the outing; she just left with him. DSA I was cleaning up in the kitchen from supper. DSA D was primarily in the dining room area trying to manage Client #2; she had been running around the house earlier unclothed and he was trying to keep her clothes on her. DSA D saw Client #3 sitting in the living room. DSA D said he was focused on Client #2 because she was very active, getting into things, trying to get more food and trying to take her clothes off. DSA D couldn't monitor the exit doors while supervising Client #2. DSA D didn't see Client #3 go out the door or hear any door alarm. He estimated maybe 5 minutes or less passed from when he last saw Client #3 in the living room until a staff from 105 Kelly's Court called to say Client #3 was outside. When interviewed by the facility on 9/06/19, DSA H said she agreed to take Client #1 to a football game on the evening of 8/31/19, even though he was not her assigned client. She said she did not ask her co-workers to supervise her assigned clients before she left with Client #1 on the outing. DSA H said she didn't recall if the front door alarm sounded when she and Client #1 left on their outing. DSA H no longer worked at the agency at			

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	the time of the DIA investigation and could not be reached for an interview. When interviewed on 10/02/19 at 5:30 p.m. DSA I stated she worked second shift at 102 Kelly's Court on 8/31/19, along with DSA D and DSA H. DSA I was not assigned to Client #3. She thought DSA H was assigned to Client #3, but wasn't sure at the time. After supper, DSA H left with Client #1 to attend a football game. It was not a planned outing and DSA H wasn't assigned to Client #1. DSA H didn't discuss it with DSA D and DSA I or ask either of them to supervise her two assigned clients. At that time DSA H left, DSA I wasn't sure which clients DSA H was assigned to. DSA I was in the kitchen after supper, doing clean up. DSA D was between the dining room, kitchen and living room. He was trying to manage Client #2, who was attempting to food steal. DSA D was busy with Client #2 and DSA I also helped out with her at times. DSA I was trying to quickly clean up and put the food away. In hindsight, DSA I realized the front door alarm hadn't sounded when she arrived at work that day, but she didn't notice it at the time. There have been other times when the exit door alarm was turned off or not working. DSA I said she had not been trained at that time that a staff person needed to be in the dining room area monitoring the exit doors.			

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	The facility "Bracelet Supervision Procedure" noted Client #3's assigned staff should wear a colored bracelet to signify that staff person was responsible for Client #3. If the assigned staff person was unable to supervise Client #3 for a period of time, the assigned staff was supposed to transfer the bracelet and responsibility of Client #3 to another staff person. According to the Program Manager, this procedure was in place at the time of the incident on 8/31/19. The facility "Dining Room Zone Procedure" noted one staff person would be assigned to work in the dining room at all times, in order to monitor the three exit doors in the home. If the assigned staff person needed to leave the dining room area, he/she needed to have another co-worker supervise the area. According to the Program Manager, this procedure was in place at the time on the incident on 8/31/19. **FACILITY RESPONSE:**			

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