

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

Citation Number: <b>8012</b>		Date: <b>February 18, 2020</b>		
Facility Name: <b>Mosaic 102 Kelly's Court</b>		Survey Dates: <b>January 6, 2020 - January 22, 2020</b>		
Facility Address/City/State/Zip  <b>102 Kelly's Court Forest City, IA 50436</b>		<b>MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

<b>64.60</b>	<p><b>481—64.60(135C) Federal regulations adopted—conditions of participation.</b> 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>	<b>I</b>	<b>\$8500</b>	<b>UPON RECEIPT</b>
<b>W186</b>	<p><b>W-186</b> The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p><b>DESCRIPTION:</b></p>			

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	<p>Based on observation, interview, and record review, the facility failed to ensure adequate staffing and/or effective utilization of available staff to meet the identified needs of clients. Staff failed to consistently provide monitoring and supervision as instructed in client program plans. This affected 2 of 3 sample clients (Client #6 and #7) and 1 client (Client #5) added to the sample during the investigation of #87902-I. Findings follow:</p> <p>Record review on 1/6/20 revealed a General Events Report (GER), completed 1/4/20, after Client #6 eloped from the facility and went to a neighboring facility. The facility self-reported the incident to the Iowa Department of Inspections and Appeals and initiated an internal investigation into the incident.</p> <p>According to Weather Underground, the weather on 1/4/20 at approximately 10:53 a.m. was cloudy and 25 degrees Fahrenheit with five mile winds and no precipitation.</p> <p>Observation on 1/6/20 of the facility revealed the facility was the first of three agency facilities located on a one-way horseshoe</p>			
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	<p>drive, followed by 105 Kelly's Court and then 101 Kelly's Court. The main entrance of the facility entered into a foyer with double doors leading into the dining room. To the right was a hallway with client bedrooms, bathrooms, and an exit door at the end of the hallway. The living room was located off the dining room, adjacent to the main entrance, and the kitchen was located off the back left side of the dining room. A peninsula counter separated the kitchen and dining room, with a doorway at the end of the peninsula counter and a wall on the other side of the doorway. The hallway exit door was unable to be seen from the kitchen; the main entrance and an exit door on the left side of the dining room could be visualized when looking into the dining room from the kitchen.</p> <p>Observation on 1/6/20 revealed the Direct Support Manager (DSM) met individually with each staff who work first and second shift and re-trained Client #6's Positive Behavior Support Plan (PBSP). This included Certified Medication Aide (CMA) A, Direct Support Specialist Professional/Certified Medication Aide (DSSP/CMA) A, Direct Support</p>			
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	<p>Associate (DSA) A, DSA B, DSA C, DSA D, DSA E, and DSA F. On 1/7/19, the DSM trained staff who did not work on 1/6/20, which included DSA G and DSA H.</p> <p>Record review on 1/7/20 revealed Client #6's "PBSP: Relationships with Others", approved on 11/11/19. The program addressed target behaviors of verbal aggression, physical aggression, property destruction, and exiting the home. Restrictive measures included the use of behavior modifying medications, supervised phone calls and visits with family, a locked bicycle, the use of the wanderguard in the lining of his backpack, and the use of walkie-talkies when unattended outside. The PBSP instructed staff to encourage Client #6 to focus on the positive aspects of his day, to use a picture board choose calming activities, provide Client #6 with structure, encourage participation in activities, exercise, and household tasks; and redirect potential trigger topics of conversations. The PBSP instructed staff were to follow the bracelet procedure with Client #6. When Client #6 began to exhibit precursor behaviors, staff were to redirect him, remind him to make good/safe</p>			
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	<p>choices, use his picture board to choose a calming activity. When Client #6 exhibited aggression and/or property destruction staff were to verbally redirect him and give him space and time without having any demands or requests. If Client #6 continued and was unable to stop, staff were to call 911 for assistance. During a crisis state, staff were to ensure the safety of Client #6 and all others by using the least amount of interaction necessary for safety. The program instructed staff to ensure proper supervision and to call 911 if unable to provide proper supervision. The PBSP noted Client #6 was able to visit 101 and 105 Kelly's court for short time frames; staff were to get approval from the other facility and then go with him. The PBSP noted Client #6 could go outside, including to calm down, when he requested a walkie-talkie from staff. Client #6 was to respond to staff, with his walkie-talkie, to let staff know his whereabouts and he was to stay in the circle drive of Kelly's Court.</p> <p>In conjunction with the PBSP, was a Walkie-Talkie Procedure, undated. The procedure instructed Client #6's was to seek out his</p>			
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	<p>staff, identified by a bracelet, to request a walkie-talkie to go outside. Client #6 had been trained to respond to staff with his whereabouts while outside and trained to stayed in the circle drive of Kelly's Court. Client #6's staff was to check-in with him every couple of minutes to ask his whereabouts but to engage in unnecessary communication as this was a time for Client #6 to calm down. The procedure instructed staff to watch Client #6 from inside the facility. The procedure instructed the walkie-talkies were to be kept in the staff room and turned off when not is use so staff could access them when Client #6 requested one.</p> <p>Additionally, Client #6's PBSP included the Bracelet Supervision Procedure, last revised 9/2/19, which instructed Client #6's staff was to wear a brown bracelet. The assigned staff was to give the bracelet and accountability of Client #6 to another staff when unable to provide adequate supervision.</p> <p>Continued record review revealed the Dining Room Zone Procedure, undated. The procedure instructed one staff was to be</p>			
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	<p>assigned to work in the dining room at all times. When the staff needed to leave the dining room, they were to have another staff cover the dining room. The responsibilities of the staff in the dining room included being able to monitor all exits in the home which included all three exit doors, to be aware of all clients in the dining room, implement client Behavior Support Plans for clients who attempted to leave the building, and to know who was coming into and leaving the building. The procedure again instructed staff to report off to another staff who agreed to cover the dining room zone prior to leaving the dining room.</p> <p>2. Continued observations on 1/6/20 revealed the following:</p> <p>a. At 3:45 p.m., DSA D assisted a client to the living room and then went to assist Client #8 in the bathroom. At 4:08 p.m., DSA D returned to the dining room and asked if Client #6 was outside. When asked if she reported Client #6's accountability and bracelet to another staff, DSA D said she</p>			
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	<p>"probably should have" while she was assisting other clients. When asked if staff were supposed to, DSA D shrugged her shoulders and said she did not know for sure if she was supposed to report Client #6's accountability and bracelet to another staff.</p> <p>b. At 3:50 p.m., DSA B was in the dining room and walked with Client #2 into the kitchen, leaving no staff in the dining room. DSA B and Client #2 left the kitchen and went to the bathroom. When interviewed at approximately 4:03 p.m., DSA C looked around the dining room and said Client #6's staff was to monitor the dining room but was unsure who Client #6's assigned staff since client accountability was changed after the shift began. DSA C said she was supposed to cook and went back into the kitchen. At approximately 4:04 p.m., DSA B and Client #2 returned to the dining room.</p> <p>c. At 5:35 p.m., DSA D was in the kitchen cleaning when Client #7 walked to the kitchen pantry, DSA B followed him leaving the dining room without a staff present. The Direct Support Manager (DSM) entered the dining</p>			
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	<p>room and informed DSA B and DSA D there was no staff in the dining room. DSA B explained Client #7 walked to the pantry and she was attempting to get him to leave the pantry. The DSM stated staff needed to communicate with each other better and a staff needed to be in the dining room. DSA B returned to the dining room while DSA D prompted Client #7 out of the pantry; Client #7 went to the dining room with the I-Pad.</p> <p>d. At 5:55 p.m., Client #5 was sitting in a leather chair in the dining room by the peninsula kitchen counter. As DSA B, DSA C, and DSA D were all huddled together trying to figure out if a pair of headphones were broken, Client #5 went into the kitchen and started to grab food from the refrigerator and shove it into her mouth. The Surveyor informed the staff Client #5 was taking and eating food from the refrigerator. DSA E approached Client #5 and Client #5 hurriedly walked toward her bedroom. The Direct Support Manager (DSM) came from the living room and prompted Client #5 to spit the food out; Client #5 refused. The DSM then encouraged Client #5 to chew if she was not</p>			
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	<p>going to spit the food out; the DSM stayed beside Client #5 while DSA B brought a glass of water and a bowl. The DSM continued to encourage Client #5 to spit the item into the bowl and Client #5 continued to refuse. The DSM asked DSA D to stay with Client #5 while she assisted DSA B to document the incident and contact the on-call nurse.</p> <p>Additional observations on 1/7/20 revealed the following:</p> <p>a. At 7:20 a.m., Client #6 and Client #8 were in the kitchen preparing their breakfast with DSA F. The Surveyor did not observe DSA F wearing Client #6's assigned bracelet. Client #7 sat in the dining room using an I-Pad; CMA A was present in the dining room. At 7:22 a.m., CMA A walked down the bedroom hallway, back to the dining room, and then went into the medication room, leaving the dining room without any staff. Client #7 walked to the medication room door and CMA A closed the door. Client #7 banged his head on the wall by the door three times. As the Surveyor informed DSA F Client #7 was banging his head, CMA A opened the door,</p>			
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	<p>briefly spoke to Client #7, and then closed the door again. Client #7 banged his head two times on the wall by the medication room door, walked to the other side of the dining room, and banged his head two more times on the wall. DSA F stepped into the kitchen doorway and said "(Client #7) come here." Client #7 walked over by the Surveyor and banged his head two times on the wall. DSA F stated his name and Client #7 sat in the leather chair. DSA F turned and continued to assist Client #6 and Client #8.</p> <p>b. At 7:25 a.m., the Surveyor asked DSA F if a staff was supposed to be present in the dining room. DSA F stated she thought staff were able to be in the kitchen. DSA F stated she would ask the DSM and said again she thought it was okay for staff to be in the kitchen. DSA F stayed in the kitchen, assisting Client #6 and Client #8; Client #7 sat in the dining room with no staff present.</p> <p>c. At 7:30 a.m., Client #6 sat at the dining room table eating his breakfast and Client #7 sat in a chair in the dining room using an I-Pad with no staff present in the dining room.</p>			
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	<p>DSA F continued to assist Client #8 to make her breakfast in the kitchen. DSA G entered the dining room at approximately 7:35 a.m. and prompted Client #7 to the table to eat his breakfast.</p> <p>d. At 7:40 a.m., Client #8 walked to her bedroom to change. Client #8's breakfast food was left sitting on the dining room table.</p> <p>e. At 7:58 a.m., a plate of food and cheese slices sat on the peninsula counter and a loaf of bread and eggs on the counter by the stove with no staff present in the kitchen. When asked, DSA H confirmed food items were not to be left sitting out. DSA H went into the kitchen and put the plate of food into the microwave and moved the cheese slices next to the bread and eggs. DSA H left the cheese slices, bread, and eggs on the counter and went back into the dining room.</p> <p>f. At 8:05 a.m., DSA H went to the kitchen, leaving no staff in the dining room until 8:10 a.m. when the Direct Support Manager (DSM) arrived at the facility and stayed in the dining room.</p>			
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	<p>3. Review of facility General Event Reports (GERs) revealed the following:</p> <p>a. On 8/16/19, Client #5 handed staff her dinner plate. Staff took the plate to the kitchen sink and when the staff turned around, Client #5 had followed staff into the kitchen. Client #5 grabbed chicken, shoved it into her mouth, and attempted to run but tripped on the dishwasher door and fell. Client #5 got up and ran to her bedroom. Staff went to her bedroom and found Client #5 choking. Staff called 911 and notified the on-call nurse. Staff performed the Heimlich Maneuver; Client #5 threw up some liquids and was able to breathe again but did not appear to be breathing normally, threw up in her mouth, and also had foam in her mouth. Client #5 was taken to the Emergency Room due to a partially blocked airway; she was admitted to the hospital.</p> <p>b. On 8/20/19, staff was in the kitchen cleaning and when staff turned around they observed Client #5 shoving a piece of chicken into her mouth. Client #5 had been</p>			
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	<p>sitting in a chair in the dining room when she reached over and took the chicken off the counter in front of the microwave. Staff was instructed by other staff not to follow Client #5 as she may attempt to swallow the chicken without chewing it. Staff went to Client #5's room and found Client #5 attempting to catch her breath and she put her hands up in the air. Staff attempted the Heimlich Maneuver but Client #5 refused and went back to the dining room. Staff gave Client #5 water and Client #5 spit it up. Staff called 911 for Emergency Medical Services (EMS) to come assess Client #5. Client #5 threw up four times before EMS arrived at the facility. EMS staff assessed Client #5 and stated Client #5 was fine, her airway was clear, and they felt Client #5 was trying to make herself thrown up. Staff continued to monitor Client #5, offered bites of pudding approximately every ten minutes. Staff noted Client #5 threw up two more times.</p> <p>c. On 8/23/19, Client #5 ran to the kitchen and stole food. Staff followed Client #5 back to her bedroom and encouraged Client #5 to chew the food. Staff provided Client #5 with</p>			
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<b>Facility Name:</b> <b>Mosaic 102 Kelly's Court</b>		<b>Survey Dates:</b> <b>January 6, 2020 - January 22, 2020</b>		
<b>Facility Address/City/State/Zip</b> <b>102 Kelly's Court</b> <b>Forest City, IA 50436</b>		<b>MW</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>water. Staff noted they stayed with Client #5 to ensure she would not choke, noting Client #5 threw up "quite a few times." On-call nursing was notified and went to assess Client #5. The nurse noted Client #5 would not allow her to assess her therefore the nurse stayed beside Client #5 to observe her. The nurse noted Client #5 appeared okay, had no further incidents of vomiting, but was intermittently spitting saliva on the floor, noting it was an usual behavior for Client #5.</p> <p>d. On 8/31/19, Client #7 was observed by a client at 105 Kelly's Court leaving 102 Kelly's Court and told staff at 105 Kelly's Court. The staff went outside and met Client #7 in the circle drive. Staff at 102 Kelly's Court noted the last time they observed Client #7 he was in the living room while the staff was in the kitchen cleaning and working with other clients. Staff reported the alarm at 102 Kelly's Court had been turned off and his assigned staff had left on an outing with other clients.</p> <p>e. On 9/2/19, Client #6 was observed walking down the driveway by a staff sitting in her car on break. The staff did not observe any other</p>			
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	<p>staff with Client #6 therefore approached Client #6 and began to talk to him. Client #6 returned to the facility and as Client #6 and the staff entered, the front door alarm sounded. According to the GER, staff checked the back door, which lead to a fenced in area, and found the gate was unlocked. Client #6 reported he left the facility out of the back door.</p> <p>f. On 9/10/19, Client #5 grabbed putty the maintenance worker had left out. Client #5 was immediately given fluids and notified the nurse. Due to the package having no information regarding the toxicity of the spackle/putty, Client #5 was transported to the Emergency Room. The Emergency Room instructed staff to continue to push fluids.</p> <p>g. On 10/24/19, staff found Client #6 walking down the road by himself. The staff stopped and spoke to Client #6; Client #6 got into the van and returned to the facility with the staff.</p> <p>h. On 11/1/19, staff prepared medications in a chocolate twinkie and presented it for the</p>			
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	<p>client. As the client considered eating the twinkie, Client #5 stole and ate it.</p> <p>i. On 11/15/19, staff went to check on Client #5 in her bedroom. Staff found deodorant on her bedroom floor, with the top off and had been bitten. Staff noted the deodorant had been on a small table in the dining room.</p> <p>j. On 1/4/20, Client #6 left the facility and went to 101 Kelly's Court without staff knowledge. Staff was in the kitchen, preparing lunch and talking with Client #6. Client #6 went to his bedroom and when staff went to check on his approximately ten minutes later, Client #6 was not in his room and one walkie-talkie was gone.</p> <p>k. On 1/6/20, staff was in the dining room attempting to figure out a headset problem and "didn't have my eye on her close enough". Client #5 was in the recliner by the kitchen, got up and ran to the refrigerator and ate a part of a stick of butter.</p> <p>Additional record review of Client #5's Behavior Support Plan (BSP), last updated</p>			
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	<p>11/30/19, addressed target behaviors to include biting objects, attempt to or actually biting others, aggression, psychotic disorder behaviors, displacement of liquids from the bottles, PICA (eating non-edible items), and exiting her bedroom without staff knowledge. The BSP included preventative measures to reduce food stealing. The BSP instructed staff to monitor her very closely at mealtimes, position between Client #5 and others food, have Client #5 be the first or the last to get served during meals, and to use a bus tub to clear her dishes from the table. The BSP instructed if Client #5 stole food staff were to prompt her to remove the food from her mouth, replace stolen food from other clients, and engage Client #5 in the present activity. The BSP noted Client #5 would tend to steal food after she has had a PICA and instructed staff to watch all items left out and make sure sinks were rinsed of soap and other debris.</p> <p>Review of Client #7's Behavior Support Plan (BSP), last updated 11/3/19, noted target behaviors of aggression, self-injurious behaviors, and exiting. The BSP instructed Client #7's assigned staff was to wear a white</p>			
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	<p>bracelet. The bracelet was to be given to another staff to assume accountability of Client #7 if his assigned staff was unable to visually monitor Client #7. The BSP instructed staff to position themselves to see all exit doors and noted there were alarms on the side door and the front door. The door which exited to the courtyard would have a switch Client #7 was to be taught to use to communicate he wanted to go outside. The BSP instructed staff to redirect Client #7 to an activity and ask him to show what he needed when he engaged in aggression or self-injurious behaviors. The BSP instructed staff to call the nurse following incidents of banging his head against hard objects and request the nurse complete a neurological assessment.</p> <p>Continued record review revealed staff were trained on 8/3/19 to implement the Dining Room Zone Procedure, the Bracelet Supervision Procedure, client to staffing ratios, staff assignments, along with several other trainings. Following an Interdisciplinary Team (IDT) meeting on 8/21/19, the QIDP trained staff to ensure all food was covered or</p>			
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	<p>put away to reduce Client #5's opportunities for food stealing and trained staff on zoning the main area of the home, especially before and after meal/snack times. Staff were retrained on the Bracelet Supervision Procedure and the Dining Room Zone Procedure numerous times since 8/21/19, including during the Surveyors observations on 1/6/20 and 1/7/20.</p> <p>When interviewed on 1/6/20 at 3:15 p.m., Direct Support Specialist Professional/Certified Medication Aide (DSSP/CMA) A reported on 1/4/20 at approximately 9:30 a.m. she began the morning medication pass. She said when she finished with the medication pass, she went to assist another client; DSA H was in the dining room and DSA F was assisting a client in their bedroom. DSSP/CMA A said when she returned, DSA H was in the kitchen, and she asked where Client #6 was. DSA H reported he was in his bedroom. DSSP/CMA A stated she went to check and Client #6 was not there. DSSP/CMA A explained Client #6 had a walkie-talkie he carried with him but he did not answer when DSA H called him on it.</p>			
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	<p>She said she went to the 105 Kelly's Court and Client #6 was not there. She said when she left she found him walking from 101 Kelly's Court toward 105 Kelly's Court, it was about 11:00 a.m., and Client #6 returned to the facility with her. She reported Client #6 was wearing a Columbia jacket, sneakers, sweatpants, and had a backpack with him. DSSP/CMA A reported DSA H should have remained in the dining room until another staff was in there. She stated Client #6's staff was to have an assigned bracelet but staff accountability was not assigned because Client #8 was having behaviors and because of staffing changes. DSSP/CMA A explained Client #6 had two backpacks and one had a wanderguard band attached to the inseam. She said Client #6 took the backpack without the wanderguard band when he left. DSSP/CMA A said DSA H called and reported to the on-call supervisor and thought she called the on-call nurse. She said she did not see any injuries on Client #6 and he did not report any injuries. DSSP/CMA A stated she called the on-call nurse and reported all morning medications were late and was instructed to give them.</p>			
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	<p>When interviewed on 1/7/20 at 8:55 a.m., DSA F said on 1/4/20 Client #8 was in the dining room yelling and hitting the table until approximately 9:00 a.m. and then they started to assist the others clients to get up. She said she was Client #6's assigned staff but stated client accountability was not assigned until later in the shift. She said at approximately 10:00 a.m., Client #6 was in the dining room and she reported him over to DSA H, who was in the dining room, and she went to assist another client. DSA F said she was with the other client during the entire incident and when she returned to the dining room, Client #6 was inside. She said Client #6 appeared to be in a good mood and had his walkie-talkie. DSA F stated the other walkie-talkie was dead. DSA F explained she would set the walkie-talkies out on the table so Client #6 had access to them. She stated Client #6 would not ask for them but if he could see them, he would normally take one, which was a good indicator he was going to walk out. DSA F explained Client #6 had a wanderguard band in his backpack but he took the backpack without the band so the</p>			
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	<p>alarm did not go off either. She said Client #6 did not always take a backpack when he would leave the facility and did not know why Client #6 did not wear the wanderguard band. DSA F stated she was unsure if the kitchen was part of the dining room zone and said when he eloped on 1/4/20, DSA H was in the kitchen making lunch. DSA F confirmed CMA A did not give her Client #6's bracelet when he was in the kitchen making breakfast with her on 1/7/20. DSA F explained the medication passer was not able to stay and monitor the dining room but if another staff took Client #6's bracelet and accountability, then the staff would not be able to leave to assist any other clients. DSA F stated she did not know how to implement the dining room zone while still meeting the needs of everyone else in the facility. DSA F said she asked the DSM and the QIDP on 1/6/20 but was not given a clear answer how to.</p> <p>When interviewed on 1/7/20 at 9:15 a.m., Client #6 said on 1/4/20 he helped staff make lunch and then went to his bedroom. He said he was upset so he got his bag, left the facility, and went to 101 Kelly's Court. Client</p>			
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	<p>#6 said he brought his walkie-talkie when he left and his worked but the one the staff had was not working. Client #6 stated he started to walk to 105 Kelly's Court when DSSP/CMA A found him and they returned to the facility. Client #6 said he did not get injured but he did get cold when he walked to 101 Kelly's Court. He reported he was wearing a hoddie, jeans or sweatpants, and his sneakers. Client #6 said there was a wanderguard band in one of his backpacks so he took his backpack without the wanderguard band. Client #6 explained he did not like to wear the wanderguard band on his ankle but had not tried it on his wrist. Client #6 said he would be willing to try wearing the wanderguard band on his wrist.</p> <p>When interviewed on 1/7/20 at 9:50 a.m., DSA H reported on 1/4/20 she arrived to work at approximately 9:00 a.m. She said Client #8 had been having behaviors so she just went and started to assist other clients to get up. She said at approximately 10:40 a.m. or 10:50 a.m., Client #6 was in the dining room. She said he did not want to help prepare lunch and she watched as he went into his</p>			
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	<p>bedroom. DSA H said she returned to the kitchen and was draining Tuna at the kitchen sink with her back toward the dining room and all three exterior doors. DSA H stated she went to do a ten-minute check and Client #6 was not in his room. She reported DSSP/CMA A assisted to look for him while she called the neighboring facilities, 105 Kelly's Court and 101 Kelly's Court, and was told he was at 101 Kelly's Court. DSA H said DSSP/CMA A found Client #6 walking toward 105 Kelly's Court from 101 Kelly's Court. DSA H said once inside, Client #6 told her he had his walkie-talkie with him. She said she check the other walk-talkie and it was turned off. DSA H reported she called the on-call supervisor and reported the incident but did not call the on-call nurse and was unsure if DSSP/CMA A did. DSA H said she thought staff were supposed to report to the on-call nurse so the nurse could assess the client. DSA H stated she did not observe any injuries on Client #6. DSA H reported she did not have Client #6's assigned bracelet and thought DSA F had his bracelet. DSA H said she thought the kitchen was part of the dining room zone. She explained Client #6 would</p>			
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	<p>also leave the facility through the hallway exit door, which also had a wanderguard alarm on it. DSA H said Client #6 took his backpack without the wanderguard band in it so the alarm did not sound when he left the facility. DSA H said she was not sure why Client #6 did not wear the wanderguard band and said the QIDP stated he would rip it off if he was mad. DSA H said Client #6 did not say why he left but recalled he had gotten upset earlier because the internet was not working. She said DSSP/CMA A explained the internet was not working and Client #6 said he would go somewhere they would help him.</p> <p>When interviewed on 1/7/20 at 2:45 p.m., DSSP B said on 1/4/20 she worked at 101 Kelly's Court. She reported as they were getting ready for lunch, approximately 11:30 a.m., Client #6 came into the facility. She said Client #6 told her staff at 102 Kelly's Court did not know he had left. She said she asked if he had his walkie-talkie and he said he left it at the facility. DSSP B said she told Client #6 he needed to let his staff know he was at 101 Kelly's Court. She said Client #6 stated he was hungry and she encouraged him to go</p>			
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	<p>back to 102 Kelly's Court to eat his lunch. She said she stood outside and watched as Client #6 walked inside 102 Kelly's Court. DSSP B said Client #6 was at 101 Kelly's Court for five, at most ten, minutes. She reported Client #6 was wearing a grey hoodie, black sweat pants, sneakers, and had his backpack.</p> <p>When interviewed on 1/7/20 at 3:15 p.m., the Qualified Intellectual Disabilities Professional (QIDP) stated she was not aware on 1/4/20 all other clients were late to get up and complete the morning routine because all staff were monitoring Client #8 who was exhibiting inappropriate behaviors. The QIDP stated Client #8's staff should have monitored her while the other staff assisted the other clients. The QIDP stated it was not fair to leave all the other clients in bed.</p> <p>When interviewed on 1/9/20 at 9:00 a.m., the Associate Director (AD) explained the DSM worked in the facility for almost three months to work with and train staff. She stated she felt the facility should have had a better understanding and routine than what it had;</p>			
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	<p>she gave the example staff should have known the kitchen was not part of the dining room zone. The AD explained if staff did not know how to run and implement programming, the DSM should have been directing and guiding the staff how to since this was why the DSM had been working in the facility.</p> <p>The above findings resulted in a determination of Immediate Jeopardy on 1/9/20 at 12:02 p.m. due to failure to provide adequate staff and/or ineffective utilization of staff to ensure the health and safety of clients. The facility developed and implemented a removal plan, which included increased supervision and training of staff. The Immediate Jeopardy was removed on 1/14/20 at 8:45 a.m.</p>			
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\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

Citation Number: <b>8012</b>		Date: <b>February 18, 2020</b>	
Facility Name: <b>Mosaic 102 Kelly's Court</b>		Survey Dates: <b>January 6, 2020 - January 22, 2020</b>	
Facility Address/City/State/Zip <b>102 Kelly's Court Forest City, IA 50436</b>		MW	
Rule or Code Section	Nature of Violation	Class	Fine Amount
			Correction date

	<b>FACILITY RESPONSE:</b>			
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Facility Administrator

Date \_\_\_\_\_

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**