

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

Citation Number: 8032		Date: April 8, 2020		
Facility Name: QHC Winterset North, LLC		Survey Dates: March 9 – 25, 2020		
Facility Address/City/State/Zip 411 East Lane St. Winterset, IA 50273		JM		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)</p> <p>58.28(3) Resident safety.</p> <p>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on clinical record review, observation, staff interview, facility record review, and facility policy review, the facility failed to ensure the CCDI (Chronic Confusion and Dementing Illness) unit doors were kept securely locked at all times to prevent the risk of elopement (when a resident leaves the facility without staff knowledge), failed to follow the facility procedures for responding to door alarms to ensure no residents eloped from the facility, and failed to ensure temporary agency staff received training on the elopement procedures for 1 out of 4 residents reviewed for elopement (Resident #4). On 3/4/20 at approximately 5:45 p.m., Resident #4, who resided on the CCDI unit, was found walking outside the facility in the parking lot. On 3/10/20 at approximately 4:30 p.m. the CCDI North</p>	I	\$4,000 (Held in Suspension)	Upon Receipt
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Facility Administrator

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	<p>double door exit was not securely locked. At 5:56 p.m., staff responded to the front door alarm and only looked through the window to search for a possible resident, then turned the alarm off without going outside as instructed by the elopement policies and procedures. The facility identified 21 residents that displayed impaired cognition and were independently mobile. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>According to the annual Minimum Data Set (MDS) assessment tool dated 11/28/19, Resident #4 had diagnoses that included arthritis, osteoporosis, Parkinson's disease, repeated falls, and personal history of healed traumatic fracture. The MDS identified a Brief Interview for Mental Status (BIMS) score of 07 (severe cognitive impairment) with fluctuating signs of inattention and disorganized thinking. The MDS recorded the resident exhibited wandering behavior daily and required supervision of 1 person for transfers, and locomotion off the unit. The MDS documented the resident required supervision with setup assist for walking in room, walking in the corridor and locomotion on the unit. The MDS identified the use of a walker and described the resident as not steady but able to stabilize without staff assistance with moving from seated to standing position, walking, turning around, and surface-to-surface transfers. The MDS documented the resident experienced 2 or more falls without injury and 1 fall with injury since the prior assessment.</p>			
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	<p>The BIMS assessment dated 12/4/19 recorded a score of 04, which indicated the resident displayed severe cognitive impairment.</p> <p>The care plan focus area initiated 1/18/18 identified a self-care deficit related to cognitive status and disease processes. The care plan interventions dated 6/28/19 informed staff the resident transferred and ambulated (walked) independently with a walker and was non-compliant with using his walker needing reminders at times.</p> <p>The care plan focus area initiated 1/18/18 identified the resident as at risk for falls related to Parkinson's disease, antipsychotic medication use, unsteady gait, and incontinence. On 11/18/19 the interventions directed staff to assist and guide the resident with sitting in recliner as needed and tolerated due to decrease in judgement.</p> <p>The care plan focus area initiated 6/16/18 identified a potential for elopement (leaving the facility without the knowledge of staff) related to the resident voicing desire to leave the facility. The interventions included: document all attempts to leave the facility in the nurses' notes; redirect the resident if exit seeking; resident unable to leave the facility without staff or family; wander guard check for placement and functioning every shift; and wandering assessment quarterly and as needed. On 3/4/20 the care plan updated interventions to include: unit and dietary staff educated on making sure doors locked upon entering and exiting the locked unit; wander guard alarm check</p>			
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	<p>at front door; and all staff education with check outside perimeter and resident head count before turning off front door alarms.</p> <p>The Pocket Care Plan updated 3/4/20 recorded information pertaining to Resident #4 and directed staff to redirect exit seeking and identified the resident as non-compliant with walker, as well as put himself on the floor to "fix" his walker. The Pocket Care Plan directed staff to remind Resident #4 to walk with flat feet.</p> <p>The Elopement incident report dated 3/4/20 at 6:21 p.m. documented staff found Resident #4 in the parking lot walking toward the building by the Administrator who called the Director of Nursing (DON). When the DON and CNA (Certified Nurse Aide) entered the front lobby, they noted the resident coming in the front door and the wander guard alarmed at that time. Resident #4 walked down the hall and returned to the unit with no issues.</p> <p>The Late Entry Progress Notes created 3/5/20 at 3:11 p.m. by the Administrator documented the following effective 3/4/20 at 5:58 a.m.:</p> <p>On 3/4/20 at 5:58 p.m., the Administrator left in vehicle when an elderly individual was seen walking toward the facility from the far east driveway. Since the Administrator was new and unable to identify the individual at distance, she immediately called the DON as she was still in the building. The Administrator kept watch while parking and by that time had identified the</p>			
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	<p>man as a resident of the facility. He proceeded to the door and entered as the DON met him. The Administrator verified the alarms and First Response fob functioned, began to prepare education for staff, and notified the operations director as well as the owner and DIA (Iowa Department of Inspections & Appeals). An investigation was in progress with changes being made. It was believed another resident who stood near the door playing the Wii game and on other occasions had set the alarm off, had triggered the alarm at the time of the elopement rather than the resident leaving. The facility moved the Wii game. Moved.</p> <p>The Progress Notes dated 3/4/20 at 8:10 p.m. created by Staff C, Licensed Practical Nurse (LPN), documented the DON notified her Resident #4 eloped from the memory unit. Staff C documented she was by the front dining room 400 hall in residents' rooms passing medication. Staff C wrote she assessed the resident with no concerns identified; Resident #4 smiled and responded the weather was actually very pleasant and also denied pain.</p> <p>The Progress Notes dated 3/5/20 at 2:52 p.m. created by the DON documented Resident #4 found in the parking lot walking toward the building by the Administrator who called her. When the DON and CNA entered the front lobby the resident coming in the front door wearing gray sweatshirt, gray sweatpants, and gripper socks. The DON wrote the wander guard alarmed at that time and Resident #4 walked down the hall and returned to the unit with no issues.</p>			
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	<p>The Progress Notes dated 3/8/20 at 8:02 p.m. documented exit seeking behaviors noted as Resident #4 continued to go to the doors, pulling on the doors, or standing and waiting at doors for someone to go in the unit. Resident #4 did not portray a behavior if not let out the door and staff assisted to walk around inside the facility outside of the memory care unit when he got agitated and unable to be redirected.</p> <p>The Progress Notes dated 3/9/20 at 8:29 p.m. documented Resident #4 continued to stand at the doors waiting for someone to go into the unit with no problems or behaviors. Resident #4 ambulated in halls without his front wheeled walker. Staff encouraged the resident to use the walker.</p> <p><u>Facility Investigation</u></p> <p>The facility investigation summary dated 3/4/20 completed by the Administrator included the following documentation:</p> <p>Direct Witness Statements - No staff on duty saw Resident #4 leave the memory unit or the facility. Staff on duty reported the door alarm went off 2 times shortly before they discovered Resident #4 outside. Another resident with a wander guard stood close to the front door in front of the windows. Due to the proximity to the door alarm, when the door opened a wander guard in that area triggered the alarm. The first alarm triggered by that manner with a resident</p>			
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	<p>playing the Wii and being too close to the exit. No staff reported turning off the second alarm but the resident playing the Wii remained by the door playing during the series of events.</p> <p>Resident Statement - Resident #4 interviewed twice. Once responded he took his wife to the hospital but his wife resided in another town. The other interview resident refused to answer as staff stated he was mad they would not let him stand by the exit doors.</p> <p>Findings - Resident #4 outside with staff supervision; all alarms were in working order; Resident #4 wore his wander guard when he returned to the facility; no staff witnessed Resident #4 leave the building; and there had been historic instances when residents knocked on the memory unit doors and other residents outside of the unit opened the doors allowing exit.</p> <p>Reasonable Conclusion - It was reasonably concluded the memory unit door did not close completely and catch before Resident #4 exited or another resident let him out. Resident #4 had a history of trying to leave through the doors by jerking on them. It was reasonably concluded the staff silenced the alarms when they found another resident with a wander guard playing the Wii game close to the exit and in front of the window. It was believed the beam came through and the alarm activated when the door opened by anyone exiting.</p> <p>Quality Assurance/Immediate Response - Resident #4 immediately assessed with no injuries found; Resident</p>			
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	<p>#4 wander guard checked and working; all door alarms checked and working; all wander guards audited and working; staff re-educated on immediate alarm response protocol; MDS reviewed and MDS training on wandering and elopement; care plan updated; pocket care plan checked for exit seeking notation; Wii game moved to another area not in range of alarm sensor; and continued testing wander guards every shift per protocol.</p> <p>The Witness Statement form dated 3/4/20 signed by Staff R, CNA, recorded on the 6 a.m. to 2 p.m. shift Resident #4 stood by the exit door except during meal time. After meals, Resident #4 sat for a while then he would go to the exit door, which was normal but that day it was an all-day event. Staff R left at 2 p.m. and told the staff coming on to watch Resident #4 as he was ready to bolt.</p> <p>The Witness Statement form dated 3/5/20 signed by Staff S, CNA, recorded she worked the 6 a.m. to 2 p.m. shift on the memory care unit and Resident #4 was frequently an exit seeker. Staff S wrote on 3/4/20 on the day shift, Resident #4 was in the dining room for meals, but all other times he was either by the doors that were locked trying to pry them open with his hands. Staff S documented that was normal behavior for Resident #4 to an extent, but he had increased exit seeking and door pulling brought on by a recent doctors visit when he left the facility on 3/2/20 accompanied by a CNA. Staff S recorded she and Staff R reported to the 2 CNAs coming on the afternoon shift of 2 p.m. to 10 p.m. that they needed to</p>			
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	<p>keep a close eye on Resident #4 because of the increased exit seeking behavior.</p> <p>The hand written statement dated 3/4/20 signed by Staff A, CNA, documented the staff helped the residents to go to the dining rooms, a large dining room and small dining room, at approximately 5:30 p.m. As dietary put food on the tables, the last person helped out of a bathroom to the dining room. Then staff assisted Resident #18 to eat and about 5:50 p.m. as staff assisted dining and monitoring in the large dining room Staff E, CNA from temporary staffing agency, entered the dining room to ask if they were missing anybody. Staff A completed a head count as the DON stood in the dining room.</p> <p>The hand written, undated, unsigned statement identified as documented by Staff B, CNA from a temporary staffing agency, recorded he went to the back door to inform the nurse a resident couldn't chew the meal served. Staff B asked for a different tray and returned to the unit through the back door and continued feeding residents with other residents in the lobby. After finishing the meal, the DON arrived with the resident who had gone out the first door left opened from the kitchen aide. Staff B did a resident count then continued feeding residents.</p> <p>The hand written statement with an illegible date signed by Staff E documented she heard the alarm go off and ran to the front and the Activity Director had shut it off. The alarm went off a 2nd time and Staff E went up front and shut it off. The alarm went off a 3rd</p>			
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	<p>time and Staff E got half way up front and it stopped. The 4th time the alarm went off the DON and Staff E went up front and Resident #4 walking back inside the building. The DON and Staff E helped Resident #4 back to the memory care unit and made sure he was safe.</p> <p>The hand written statement dated 3/4/20 signed by Staff F, dietary aide, recorded around 5:15 p.m. to 5:30 p.m. he took the memory care cart of food. Staff F placed plates on the table then proceeded to pour drinks. Staff F needed more milk so he ran back to the kitchen to grab another gallon of whole milk and went back down and finished pouring drinks. Staff F then placed milk in fridge and left. When Staff F entered or exited the memory care he pulled or pushed the door closed. About 5:41 p.m. Staff F was in the kitchen getting coffee for main dining room and then went to pour drinks. The agency aide Staff B stopped Staff F and asked him if he was the cook. Staff answered no, she was outside and Staff F proceeded to the dining room.</p> <p><u>Observations</u></p> <p>On 3/9/20 at 2:15 p.m. revealed the DIA surveyor opened the front door without pressing a black button and an alarm sounded; no staff answered and the alarm stopped. The Office Manager then appeared in a window and said staff didn't always come to the door as she was usually at the office window.</p>			
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	<p>Observation on 3/9/20 at 2:34 p.m. revealed the North exterior exit door on the back 300 hall opened the alarm box at the door sounded and then the alarm panel sounded at the West nurses station. The alarm had been sounding for two minutes when Staff H, LPN from temporary staffing agency, said she did didn't know the code to turn off the audible alarm box device. Staff H stated she worked at the facility an average of 24 hours a week for about a year and a half. When asked, Staff H responded she received no special training from the facility regarding doors; they just gave her the keys and no specific elopement policy/procedure training. Staff H said she had not been in the facility since 3/4/20 when an elopement occurred. At 2:40 p.m., the DON arrived and responded she did not know the code number to be able to turn off the audible alarm box. Staff C arrived with the code number for the alarm box silencing the alarm and pushed the red reset button on the alarm panel at the West nurses station.</p> <p>On 3/9/20 at 3:05 p.m., the exterior exit door on the 100 hall was tripped and sounded at the door and at the East nurses' station alarm panel. The DON responded and turned off the audible alarm box at the door. Staff D, LPN from temporary staffing agency, and Staff K, CNA from temporary staffing agency, did not know the codes to silence the alarms. Staff K responded she worked at the facility about 1 time a week for the past 3 years. The MDS Coordinator also responded to the door alarm and stated she worked at the facility off and on for 7 years.</p>			
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	<p>Observation on 3/9/20 at 3:35 p.m. revealed Resident #4 resided on the CCDI unit. Resident #4 up and down from a chair in the commons area frequently moving about with and without his walker. Resident #4 tinkered with his walker laying it down on the floor at times and handling the screws and such. Resident #4 was able to kneel next to the walker then get up on his own. He was unsteady but able to stabilize himself. Resident #4 then almost speed walked without his walker down the hallway toward the North double door exit. At the North doors, Resident #4 looked through the windows of the door, pulled on the doors, then turned and quickly walked back down the hall in the same manner to the commons area/chairs located at the south end.</p> <p>Observation on 3/9/20 at 3:41 p.m. revealed 3 possible exits from the CCDI unit. One exterior exit door to the South, one interior double door exit to the East which opened to the 200 hall, and one interior double door exit to the North which opened to the end of 300 hall. Key pads located inside the unit were present at both the East and North double doors which required a key code to unlock the doors to leave the unit. However, both East and North double doors contained a magnetic cross bar on the outside of the doors that only required a person to touch the bar to unlock the doors to gain entry into the unit.</p> <p>Observation on 3/9/20 at 4:00 p.m. revealed the wander guard alarm system at the front door checked by Staff D and the alarm functioned properly at all levels. When asked, Staff D reported the wander</p>			
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	<p>guard system and the individual residents' wander guard bracelets to be checked every shift.</p> <p>Observation on 3/9/20 at 3:36 p.m. revealed the key code unlocked the North double door exit. When the right door (toward the east as exiting the unit) shut before the left door (toward the west as exiting the unit), the metal strip attached to the right door prevented the left door from fully closing and therefore the magnetic lock did not engage on the left door. No alarms sounded while the door remained unsecured. The key code needed to be reentered to allow the right door to release. Once doors closed in the proper sequence, left then right, the magnetic locks engaged on both doors.</p> <p>Observation 3/10/20 at 5:19 p.m. revealed Staff M, CNA from temporary staffing agency, worked on the CCDI unit with Staff A. Staff M reported the supper meal had not yet been delivered. At 5:31 p.m. the food cart entered the CCDI unit by dietary staff and then at 5:34 p.m. staff exited the East double doors and the door shut completely. At 5:38 p.m. dietary staff left the unit again through the East double doors. At 5:47 p.m. Resident #18 and Resident #19 present in the commons area when the surveyor entered the CCDI unit; no staff present in the area or in the doorway to the 2 dining rooms nor did any staff come out to see who entered the unit. When the doors of the CCDI unit closed, the magnetic connection made a normal to above normal volume sound clicking into place. Resident #18 and Resident #19 discussed going to supper, ambulated together down the hall to the North</p>			
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	<p>double door exit, both pulled and shook the doors, then the 2 residents returned to the commons area. The 2 CNAs assigned to the unit were in the dining room assisting residents with supper with the exit doors not visible from the dining room. At 5:50 p.m., Resident #4 came out of the dining room and ambulated to the commons area where he sat in a chair right next to the East double door exit. Resident #4 stood up and placed his hand on a table to steady himself as he was shaky. At 5:54 p.m. surveyor left the unit and still no staff were present in the commons area and by observation through the windows in the door, no staff came to see who left or entered the unit. Observation revealed no staff were present on the 200 hall of general population. At 5:55 p.m., Staff N, CNA, exited a room on the 100 hall then walked down the hall toward the main facility dining room; no other staff were present in the main commons area by the front door. Two residents in the front commons area played on the Wii game and 1 dietary staff member exited the kitchen and went into the bathroom. At 5:56 p.m., the surveyor opened the front main entrance door and the alarm sounded at the nurses' station alarm panel. Continued observation revealed at 5:57 p.m. Staff O, CNA, entered the facility through the front door and went directly to the time clock room. At 5:58 p.m. Staff D came from the back of the facility, went to the front door, looked out the window of the door to the left and right, then went to the East nurses station alarm panel and turned off the front door alarm pushing the reset button. Staff D did not step outside. Staff D then went to the time clock room and spoke with Staff O.</p>			
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	<p>Observation on 3/11/20 at 10:20 a.m. revealed the facility's Corporate Maintenance Director installed new pull away alarm devices on the CCDI unit doors that would audibly sound off until the magnets realigned; he said this would notify anyone going thru the doors if the doors not shut properly. Observation revealed the alarm did sound if the 2 pieces of the alarm magnets not directly aligned and the alarms did sound when the door improperly shut until it closed properly.</p> <p>Observation on 3/11/20 at 10:30 a.m. revealed 2 random staff in the 200 hallway transporting an unknown resident and they discussed the alarm going off on the CCDI door and how it was new. Discussed 1 to the other they knew Resident #4 eloped the previous week and got all the way to the end of the parking lot down by the apartments and they couldn't believe he didn't fall. They stated Resident #4 always attempting to get out.</p> <p><u>Staff Interviews related to Incident #1 - Resident #4 elopement on 3/4/20</u></p> <p>On 3/9/20 at 3:52 p.m. the Administrator responded she expected staff to check the wander guard at the front door every shift. The Administrator stated she bought 5 new wander guard bracelets to make sure the facility didn't run out of working bracelets. The Administrator reported she was backing out that night when she saw a man farther down in the driveway by the apartment complex to the east of the facility wearing gripper socks. The Administrator said she</p>			
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**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

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Facility Address/City/State/Zip 411 East Lane St. Winterset, IA 50273		JM			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>called the DON and asked her to come to the door and identify if he was a resident. The Administrator commented she had her eyes on him the whole time and the man identified as Resident #4. The Administrator said she called the DON she thought at 5:08 p.m. The Administrator reported Resident #4 went in the facility willingly, the wander guard alarm sounded off, and he did not have his walker with him. The Administrator voiced anyone who would say Resident #4 needed his walker would be lying as he moved very fast without it. The Administrator reported no staff would admit to shutting off the front door alarm. The Administrator explained there was another resident who wore a wander guard bracelet who played the Wii game by the front door that night; the staff believed that resident set off the wander guard alarm frequently. The Administrator said staff moved the TV away from the front door.</p> <p>In a follow-up interview on 3/11/20 at 12:45 p.m. the DON and the Administrator reported supper served at 5:30 p.m. in the CCDI unit. The DON said she received a call from the Administrator at 5:58 p.m. on 3/4/20 about Resident #4 being outside. The DON reported Resident #4 ate part of his supper that night. The DON stated the wander guard at the front door went off 4 times and they thought Resident #4 went outside during those times due to the confusion of another resident having a wander guard positioned by the front door. The DON stated in summary, they did not know how Resident #4 exited the CCDI unit and they could only speculate he left through the front door. The DON reported Resident #4 dressed in gray</p>			
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	<p>sweatshirt, gray sweatpants, and gripper socks when he was outside. The DON commented in her investigation she was told: Staff F took food into the unit that night for supper; the Activities Director responded to the 1st wander guard alarm; Staff E responded to the 2nd alarm; the 3rd alarm Staff E halfway up the hall to respond but the alarm turned off so she went back to the dining room; and the 4th alarm Staff E ran to the front and Staff J, Environmental Aide (EA), reported the Activities Director turned off the alarm.</p> <p>On 3/11/20 at 1:05 p.m. Staff E responded she worked at the facility for 1 and ½ years on a full-time basis working day shifts, afternoon shifts, and some overnight shifts. Staff E stated she was not trained before or after the elopement of Resident #4 on the door alarms or elopement facility policies/procedures. Staff E said she just received training that day to make sure residents okay and signed the door alarm/elopement policies as well as receiving her own personal copy of the policies. Staff E recalled working on 3/4/20. Staff E stated she thought the elopement occurred right after supper served, which was served at 5:30 p.m. in the CCDI unit and 6:00 p.m. in the main back dining room, so around 5:45 p.m. to 5:50 p.m. Staff E stated some people served early that night. Staff E recalled she heard the alarm from the front door going off and she ran up front. Staff E stated the Activities Director shut the alarm off. Staff E recalled the 2nd time the alarm sounded she was halfway up the hall when the alarm stopped so she went back. Staff E recalled the 3rd time the alarm went off she ran</p>			
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	<p>all the way up to the front door where the wander guard alarm sounding off. Staff E stated she tried to silence the alarm but she was doing it wrong so someone showed her how to do it. Staff E reported a resident with a wander guard thought to be setting off the alarm so they moved her and the TV away from the front door. Staff E responded she was familiar with Resident #4 but she never seen him out. Staff E said the unit doors always shut as far as she knew and she knew the kitchen person Staff F went back to the unit but not normally go thru there. Staff E recalled she was on the west hall when the DON had her go with her as the Administrator reported a resident in the facility parking lot. Staff E stated as she got to the front door Resident #4 walked back into the facility and the Administrator said he was just on the sidewalk at the end of the parking lot. Staff E stated Resident #4 did not say anything to her and thought he was care planned for walker. Staff E stated the DON directed her to go to the CCDI unit staff and ask them if they were missing anyone. Staff E stated Staff A and Staff B on the unit and both in the dining rooms feeding residents; they did not know Resident #4 not in the unit. Staff E recalled Staff B asked how Resident #4 got out and stated it was a bit hard when no nurse was back there during the meal to supervise. Staff E explained the nurse couldn't be in the unit at mealtime as the nurse had to pass pills and it was not the nurse's responsibility as the CNAs should know where the residents were at all times. Staff E stated the CNAs shouldn't let residents wander during mealtimes. Staff E commented Resident #4 always tried to get out of the unit. Staff E responded she didn't know the unit</p>			
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	<p>doors could close improperly and voiced the doors clicked when shut. Staff E reported when she walked into the front commons area to respond to the wander guard alarms no staff present in the front commons area as everyone had gone down to assist feeding in the main dining room.</p> <p>On 3/11/20 at 1:17 p.m. the Activities Director recalled working on 3/4/20 and stated that was the day the therapy dog visited the facility. The Activities Director stated she thought the time she heard the front door alarm at 5:30 p.m. then said no she left at 4:30 p.m. When asked about Staff E seeing her check an alarm, the Activities Director explained Resident #17 was petting the dog at the front couch. The dog usually came to the facility at 3:30 p.m. to 3:45 p.m., and did not stay longer than 1 hour. The Activities Director stated Resident #17 wore a wander guard bracelet and around 4:30 p.m., the dog left as she came back into the facility because she forgot to clock out. The Activities Director responded she did not know if she shut off the alarm but stated she did not see Resident #4 at that time in the building or parking lot as she left. The Activities Director answered she had received training on elopement prior to the elopement via online training; she did not know if she attended any in-services on the topic. The Activities Director stated since the incident, she was educated if she heard an alarm 2 staff go outside to search while other staff complete a head count.</p> <p>Review of the Activities Director's time card summary for 3/4/20 revealed she clocked out at 5:33 p.m. on</p>			
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	<p>3/4/20.</p> <p>On 3/11/20 at 3:51 p.m. Staff H, LPN from temporary staffing agency, stated she was in the dining room on 3/4/20 when she heard the alarm and saw people running. Staff H voiced she couldn't leave as she did not want to complete another incident report from a resident falling. Staff H stated she asked the DON if she had done what she was supposed to do in that situation. Staff H commented she just learned that week the code for the doors but she had been a nurse for 29 years so she knew what to do to respond. Staff H responded she usually worked at the facility 2 to 3 days a week and had done so for 2 years. Staff H responded she received no formal training from the facility about elopement and nothing after Resident #4 was brought back inside. Staff H stated she thought on 3/4/20 only 2 of the 6 to 7 floor staff working employed by the facility and the rest staffed from temporary staffing agencies. Staff H responded she did not feel they had enough staff to assist at supper time as they couldn't have a CNA up front to answer call lights and the nurse needed to help feed. Staff H stated she thought there was maybe a dozen residents who either needed hands on assistance, set up help, or encouragement with dining. Staff H voiced there were residents who wouldn't eat if staff did not sit right at the table, so it took all the staff to be in the dining room at meal times. Staff H reported on 3/4/20 they were staffed with just her and 1 CNA for the back and responsible for 30 residents. She recalled she had been called in late. Staff H stated she flew to work and arrived by 2:30 p.m. that day. When asked, Staff H</p>			
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	<p>responded it would be hard to say if the staffing levels led to the elopement as they did have 2 CNAs assigned to work the unit. Staff H responded she did not know how Resident #4 got by the alarms at the front door, but she knew the office lady left by 4:00 p.m. or so, which left no one up front to monitor the front door. Staff H stated she never left the dining room that night so she did not know of anyone shutting off the alarms.</p> <p>On 3/11/20 at 4:42 p.m. Staff J, EA, recalled working on 3/4/20. Staff J stated she did not see Resident #4 that night. Staff J stated the front door alarm went off a couple times. Staff J reported one time the Activities Director entered the facility as the therapy dog left and the Activities Director forgot to push the button on the door prior to entering the building. Staff J reported she thought the time to be approximately after 4:30 p.m. but before 5:15 p.m. Staff J stated then the 2nd time she was in the process of pushing people down to the dining hall when the alarm sounded. She had stood to go, but Staff E ran to the front so Staff J assumed Staff E shut off the alarm. Staff J stated it occurred a few more times. Staff J responded she personally never shut off any alarms that night.</p> <p>On 3/11/20 at 4:33 p.m. Staff I, CNA, recalled working on 3/4/20 and stated she knew Resident #4 resided on the CCDI unit but did not know he had eloped until it was done and over with. Staff I reported they worked short that shift with only 1 CNA up front. Staff I commented they did not have as many residents who required hands on feeding assist but rather many who</p>			
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	<p>needed encouragement to eat and they needed at least 3 to 4 staff to assist during the meals. Staff I recalled hearing the door alarms a couple of times but she couldn't always hear when down the hall. She heard the wander guard alarm twice. Staff I said she had no clue how Resident #4 got out, but another man up in the commons area wore a wander guard bracelet. Staff I stated she never seen Resident #4 out of the unit on his own.</p> <p>On 3/9/20 at 3:13 p.m. Staff A, CNA, reported he worked in the CCDI unit 4 to 5 days prior on the night Resident #4 eloped outside the facility. Staff A said Staff B worked in the unit alongside him on 3/4/20. Staff A reported there was nothing unusual about Resident #4 that night-the resident was always exit seeking. Staff A reported he last seen Resident #4 around 5:30 p.m. while he ate 80% of his supper. Staff A said Resident #4 ate his supper then got up as usual to go out to the commons area. Staff A stated the exit doors were not visible from the dining rooms and they would need another staff member to observe the commons area during meal times for that to happen. Staff A said Resident #4 left the dining room after eating then someone brought the resident back into the unit about 5 till 6:00 p.m. Staff A stated he continued to be in the dining room assisting others to eat when told that someone must have left the unit door open. Staff A stated he was also told someone turned off the wander guard alarm at the front door thinking a different resident's wander guard bracelet set it off. Staff A reported the East double doors exit of the unit had a key pad which required a 6 digit code to</p>			
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	<p>unlock it from the inside and he had seen Resident #4 did play with the key pad at times. Staff A stated the doors did have a metal strip in the center of the doors that could prevent the doors from closing the right way, but the facility removed the strip after the incident. Staff A stated the DON told him the door had been wide open and they needed to keep it closed, but he said they had and he didn't know how the door got opened. Staff A reported he had been in the dining room supervising and assisting others to eat with Staff B in the other dining room doing the same. Staff A responded he did not recall any visitors present in the unit that night and he wondered if a resident pushed the bar on the outside of the exit doors which he seen occur a half a dozen times before. Staff A explained no alarm sounds when the door opened for an extended amount of time. Staff A reported the night of the elopement, a new dietary aide entered and exited the CCDI unit through the East doors and it was possible the metal strip prevented the doors from properly closing. Staff A reported the doors had been like that for 2 years. Staff A stated Staff B also left the unit during the suppertime to get a different food tray from the kitchen, but Staff B left thru the North double door exit. Staff A reported a few days before the interview there was an education posted by the time clock instructing staff to always respond to the wander guard alarm and to not turn it off until all residents found. Staff A responded prior to the event he had received education on elopement. Observation at the time of the interview revealed Resident #4 stood closely by the East double door exit and Staff A redirected him away from the doors. Resident #4 was</p>			
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	<p>very busy up and down in chairs and working on his walker. Staff A commented if staff approached the resident at that particular time the resident could have behaviors of cussing, yelling, and he could get combative by hitting and kicking.</p> <p>On 3/9/20 at 3:20 p.m. Staff B, CNA from temporary staffing agency, reported he worked for the facility for 2 months whenever needed and averaged 40 hours a week. Staff B recalled working the night Resident #4 eloped. Staff B recalled being in the dining room on the CCDI unit around 5:30 p.m. to 5:40 p.m. when he last saw Resident #4. Staff B said the DON informed them after that Resident #4 was missing and they needed to do a head count to ensure all residents were accounted for. Staff B said he personally left the unit at some point during the meal as he needed to obtain a different food tray for a resident; he exited the unit through the North double doors to talk to the nurse at the West nurses station and Staff B did not see Resident #4 at that time outside of the unit. Staff B stated his understanding was that Resident #4 left the building through the main front entrance door. Staff B denied ever seeing staff prop open the CCDI unit doors, the doors closed improperly, or a resident from general population open the unit doors to enter the unit. Staff B commented an extra person being present once staff assisted with feeding would be nice to watch the commons area and exits. Staff B said the residents care planned to have 1 staff member in each dining room to observe dining which left no one available to watch the exits during meals.</p>			
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	<p>On 3/9/20 at 4:03 p.m., Staff C, LPN, recalled being assigned as the West charge nurse (also known as the back nurses' station) the night Resident #4 eloped from the building. Staff C said Staff E had been assigned as her back hall CNA. Staff C recalled alarms went off that night 3 or 4 times requiring Staff E to run up toward the front of the building. Staff C said she knew staff moved the Wii game that night, because anytime a family came in or out the front door, the beam grabbed the wander guard bracelet and the alarm sounded. Staff C commented the kitchen staff had been educated not to shut alarms off and she knew dietary staff went in and out of the CCDI unit that night. Staff C voiced the 2 CNAs in the unit were good aides who were feeding other residents at the time of Resident #4's elopement. Staff C reported she understood Resident #4 left the dining room in the CCDI unit after he was done eating. Staff C stated she completed a skin assessment and took vitals on Resident #4 after he returned to the CCDI unit sometime after supper with no issues found. Staff C stated Resident #4 wore a wander guard bracelet around his right ankle. Staff C said she asked Resident #4 how it was outside and he responded it was really nice. Staff C stated Staff B came out of the unit during the mealtime that night to ask her for something softer to eat for a different resident. Staff C said Staff B came out of the unit from the North double door exit. Staff C responded she did not see or recall if the doors shut all the way. Staff C reported she entered the unit herself around 3:00 p.m. and denied ever seeing the doors propped open and she had not heard that staff felt they needed more staff at</p>			
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	<p>mealtimes. Staff C stated when residents finished eating and left the dining room, staff should stand in the doorway of the dining room to observe both the dining room and the hallway. Staff C said a couple of residents wandered who got up on their own from the table which included Resident #4, Resident #19, and Resident #18. Staff C acknowledged there had been instances of residents from general population opening the units East double door exit from the outside by touching the magnetic cross bar; Resident #12 one of those confused residents in general population who had opened the door. Staff C responded she did not hear the wander guard alarm go off that night and the facility staffed with: 2 CNAs in CCDI unit; 1 CNA on the back hallway; and 2 CNAs on the front hallways. Staff C stated fully staffed for the facility considered to be 5 CNAs and 2 nurses or 1 nurse 1 CMA (Certified Medication Aide).</p> <p>On 3/11/20 at 1:30 p.m. Staff F, dietary aide, recalled working on 3/4/20. Staff F stated he went into the CCDI unit at about 5:15 p.m. to 5:30 p.m. to take a cart in; he did not see Resident #4 at that moment. Staff F said he got the plates set, juices passed, and then he needed more milk, so he told Staff A. Staff F stated at the time he went out to get the milk Resident #4 sat at the table eating. Staff F thought he finished passing milk at about 5:40 p.m. and went back to the kitchen to get coffee and cart for the main dining room. Staff F recalled Staff B stopped him in the main dining room to ask where the cook was and he told Staff B she was outside. Staff F commented when he left the unit no one had been behind him and he did not recall which</p>			
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	<p>door he went in and out of the unit. Staff F stated the DON confronted him after he went to clean tables and told him to only use 1 door of the double doors and to make sure they shut hearing the magnet click. Staff F commented he only used the 1 side and he knew the other door could move but hardly touched it when he worked in the CCDI unit. Staff F stated he knew Resident #4 always had times where he tried to leave or began pulling on the doors. Staff F said there were days he had to wait for the staff to move Resident #4 away from the doors so Staff F could enter the unit. Staff F commented he honestly did not know how the door was shut, but he knew he was the only dietary person that night that would have gone into the unit.</p> <p>On 3/11/20 at 4:49 p.m. Staff G, dietary cook, recalled working on 3/4/20. Staff G reported it was a Wednesday pizza night. Staff G reported it was about 5:40 p.m. to 5:45 p.m. when Staff B came to her to ask for a food tray. Staff G stated right before dinner in the main dining room, like around 5:50 p.m. or maybe less, she took the food tray into the unit. Staff G reported she went through the East double doors and aware she should only go into the right side of the doors. Staff G commented she got paranoid and always waited to hear the click of the doors closing whenever she went to the unit. Staff G stated especially with Resident #4 who usually stood right at the door so she had to be quick as he tried to get through the door. Staff G responded she didn't think the door shut incorrectly, but couldn't say 100%. Staff G stated Resident #4 had not been at the East door that night when she went through it and went to the opposite</p>			
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	<p>dining room than the one Resident #4 sat in so she did not see him. Staff G recalled she heard the wander guard alarm buzzing that night, but she was not the one who shut off the door alarms.</p> <p><u>Staff Interviews related to Incident #2 - CCDI North double door exit left unsecured on 3/10/20</u></p> <p>On 3/10/20 at 7:00 p.m. the DON confirmed at approximately 4:30 p.m. that day the MDS Coordinator found the North double door exit from the unit leading to the general population on the back/west hallway improperly closed and not securely locked. The DON stated she had been informed of the concerns found with the door and with Staff D failing to go outside to check the alarm. The DON acknowledged the facility procedure and her expectations were Staff D should have gone outside when responding to door alarms. The DON commented she had meant to send Staff J, EA, into the CCDI unit during the supper meal time to supervise the commons area while the other staff assisted residents with dining but had forgotten. The DON verified the facility did not formally educate temporary agency staff regarding the facility elopement risks, policies/procedures for responding to door alarms, or that the CCDI unit doors may not shut properly due to the metal strip if they didn't close them in the correct order. The DON reported the facility used 5 different temporary staffing agencies and she provided a list of frequently used staff names.</p> <p>On 3/12/20 at 11:20 a.m. the MDS Coordinator verified</p>			
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	<p>she found the North double door exit in the CCDI unit unsecured on 3/10/20. The MDS Coordinator reported she took over responsibility for the medication cart at about 2:00 p.m. when she was given the keys from the day shift West charge nurse. The MDS Coordinator explained she remained in her office as she worked on MDS assessments, and at 4:00 p.m., she texted Staff C to see if she was coming to work anytime soon. Staff C told her she was on her way. The MDS Coordinator said she was in the CCDI unit when she sent the text message as she needed to provide the unit staff break times. The MDS Coordinator recalled she left the unit at 4:30 p.m. via the North double door exit and discovered the doors incorrectly closed with the left door overlapping the right door. The MDS Coordinator stated she stood in the doorway while Staff A conducted a head count and while that occurred Resident #19 was at the door asking to get out. The MDS Coordinator recalled the back west side aide Staff Q, CNA, came to help her try to figure out how to get the doors latched properly. The MDS Coordinator stated Staff C then arrived to show her how to flip the master switch and reset the doors. The MDS Coordinator stated she entered the unit at about 4:00 p.m. and Staff A left thru the North door but the MDS Coordinator didn't know if anyone else came or went during that time frame. The MDS Coordinator reported the housekeeping staff left the facility typically at 2:00 p.m. and dietary staff typically used the East double door to come and go on the unit. The MDS Coordinator did not know if Staff Q ever popped her head in. The MDS Coordinator responded she did not know before the incident that the door had a possibility</p>			
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Facility Administrator

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Health Facilities Division
Citation**

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	<p>to flip-flop and close improperly.</p> <p>On 3/10/20 at 6:02 p.m. Staff A reported the MDS Coordinator told him about ½ hour before supper to complete a head count of the residents on the CCDI unit as the North double door exit found to be unsecured. Staff A explained the right door of the double doors had shut first and the metal strip on the edge of the door prevented the left door from closing all the way. Staff A did not know how long the doors had been unlocked and opened but they did not have any residents get out of the unit.</p> <p>On 3/10/20 at 6:05 p.m. Staff C reported the MDS Coordinator came from the CCDI unit to her to report the North double door exit not securely shut or locked. Staff C said sometime after 4:00 p.m. the doors found open but she did not know how long the doors had been like that. Staff C stated the MDS Coordinator needed Staff C's help to know how to get the right door unlocked so it would be able to be opened and moved to properly close the left door first then the right door. Staff C said she showed the MDS Coordinator where the master switch located to allow the door to be reset and secured. Staff C reported no residents got out of the CCDI unit.</p> <p>On 3/10/20 at 6:40 p.m. Staff M, CNA from temporary staffing agency, assigned in the CCDI unit to work 2 p.m. to 10 p.m. shift. Staff M responded no one trained her specifically on the elopement policy before or after the elopement that occurred on 3/4/20 nor had she been trained on door alarms. Staff M stated she</p>			
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	<p>was aware Resident #4 had exit seeking behavior and that he eloped. Staff M acknowledged she was not aware the surveyor entered or exited the unit that night during the meal time. Staff M responded no she did not know the North double door exit could shut improperly until told the door had been unsecured that shift.</p> <p>On 3/9/20 at 2:54 p.m. Staff D responded to if she received training on the facility's door alarms and elopement policies prior to starting work at the facility. Staff D stated on her 1st day the facility explained the alarm panels at the nurses desks and that she needed to check the wander guard system every shift to ensure it worked. Staff D stated staff were to respond to door alarms with 2 staff and make sure no residents went outside. Staff D responded since the elopement occurred, the facility re-emphasized the education on 3/8/20. Staff D stated no one should shut off the alarm until they checked. Staff D reported she worked the Monday and Tuesday before the elopement, 3/2/20 and 3/3/20, and then returned on Sunday 3/8/20, and the elopement occurred at some point between those dates.</p> <p>In a follow up interview on 3/10/20 at 6:55 p.m., Staff D responded to why she didn't go outside to physically search for who may have left through the front door at 5:58 p.m. that day. Staff D stated because she looked through the window of the door and did not see anyone. Staff D said she came from the main back dining room therefore she knew where her people were, knew the alarm was not from the CCDI unit, and</p>			
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	<p>saw nobody in the parking lot, so she knew it was okay. Staff D reported she called the back/West charge nurse Staff C who told her to do a head count of the residents and everyone accounted for. Staff D commented she couldn't go outside as she was passing medications and couldn't leave the dining room unattended. Staff D explained she would have needed to go get a CNA from feeding to have them go outside to check the area and that wasn't possible so they completed a head count instead.</p> <p>On 3/10/20 at 6:45 p.m. Staff A said he thought the facility took the strip off the North double door exit like they did the East double door exit so it couldn't have a chance to close improperly.</p> <p>On 3/10/20 at 7:55 p.m. the surveyor informed the Administrator of observed immediate concerns with elopement risks. The Administrator acknowledged the education provided 3/4/20 required staff to physically go outside to search and ensure no residents exited the building when responding to a door alarm. The Administrator confirmed in response to Resident #4 eloping on 3/4/20 the facility educated facility staff but they had not specifically trained the temporary agency staff. The Administrator confirmed the facility utilized a lot of agency staff to fill their staffing needs. The training on paper placed at the time clock and facility staff requested to read and sign as they reported to their shift. The Administrator confirmed agency staff did not go into the room to clock in as they just filled out a card which the nurse signed and submitted to their agency for payment of hours. The Administrator</p>			
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	<p>stated they removed the metal strip between the double doors of the CCDI East exit, which lead to the interior of the facility hall 200, on 3/4/20 after the elopement occurred. The Administrator confirmed they felt the metal strip could prevent the doors from closing properly therefore they thought it possible Resident #4 escaped from the unit that way. The Administrator acknowledged the CCDI North double door exit the same way but they had not removed the metal strip from that door until just prior to the interview. The Administrator stated the metal strip contributed to why the doors found unsecured 3/10/20 at approximately 4:30 p.m.</p> <p>On 3/10/20 at 8:10 p.m. surveyor informed the Administrator and the DON the facility had an immediate jeopardy situation and a copy of the IJ template provided to the facility.</p> <p>On 3/10/20 at 8:15 p.m. the Administrator and the DON reported they had already taken the following immediate actions after being informed of the surveyors concerns: the metal strip removed from the North double door exit of the CCDI unit; re-education started to all staff in the building; plan put in place to monitor the doors that night with a staff person until a permanent solution determined the next day; and a plan put into place to educate agency staff with the facility policies on elopement and door alarms emailed to the 5 staffing agencies utilized by the facility.</p> <p>On 3/11/20 at 10:20 a.m. the facility's Corporate Maintenance Director in the facility and reported he</p>			
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	<p>had to re-install the metal strips on the CCDI unit exit doors as they were required by the Fire Marshall to prevent smoke from entering the unit. The Corporate Maintenance Director reported he installed new pull away alarm devices on the CCDI unit doors that would audibly sound off until the magnets realigned; he said this would notify anyone going thru the doors if the doors not shut properly.</p> <p><u>Additional Staff Interviews</u></p> <p>On 3/11/20 at 1:22 p.m. Staff P, CNA/Restorative Aide (RA), reported she worked for the facility for 19 years. Staff P recalled she worked on 3/4/20 and left at 2:00 p.m. to 2:30 p.m. Staff P stated she saw Resident #4 that day when he came out of the North double door exit from the CCDI to ride the NuStep machine and walk around the facility. Staff P commented she had gone with Resident #4 out of the facility to a doctor's appointment on 3/2/20. Staff P responded she had noticed the unit doors close improperly before and knew to close the right door first to prevent happening. Staff P reported Resident #4's routine included standing by the exit doors but he typically scooted out of the way when staff went through the doors. Staff P commented she was not sure how Resident #4 got out the doors. Staff P stated prior to the incident staff were supposed to go outside and check if the wander guard sounded. Staff P responded staffing levels seemed to be feast or famine. Staff P said the days of famine would be staffed with 1 CNA on the back hall with a medication aide or a nurse but the nurse also</p>			
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	<p>had to relieve staff in the CCDI unit for breaks. Staff P stated the back CNA was also responsible for a portion of the center hall. Staff P reported 2 residents who resided on the back halls required assistance of 2 persons, but on the front halls there were at least 10 residents who required assistance of 2 persons. Staff P stated the pocket care plans did not match the actual cares given and did not show how many residents truly required assistance of 2 staff.</p> <p>On 3/9/20 at 3:42 p.m. Staff K, CNA from temporary staffing agency, responded she worked at the facility 1 time a week for 3 years on a routine basis so that was how she knew the policy for elopement. Staff K reported she received no specific training from the facility. Staff K stated she did not receive any additional training since the 3/4/20 elopement.</p> <p>On 3/10/20 at 11:05 a.m. the DON responded to the question if there were any structured plans to educate staff from temporary staffing agencies regarding the facilities elopement policies and procedures. The DON reported the facility utilized 5 different temporary staffing agencies and she tried when she was in the facility but she did not know of any structured plan. The DON showed an education posted by the time clock used to educate facility staff regarding the door alarms that directed staff not to turn off the alarm until 2 staff went outside to check the perimeter and/or all residents accounted for. The DON acknowledged agency staff did not clock in the same way facility staff did at the time clock.</p>			
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	<p>On 3/10/20 at 11:10 a.m. Staff L, CNA, reported she worked for the facility for approximately 12 years. Staff L recalled she worked a 6 a.m. to 2 p.m. shift the day Resident #4 eloped. Staff L responded she received training on the door alarm policy before and after the incident. Staff L thought the wander guards were to be checked 1 time a day but not 100% sure. Staff L said it used to be the restorative aide who checked the wander guard alarm daily but she was not there every day so Staff L was not sure if the nurses or aides were responsible to check. Staff L commented there was also no restorative aide scheduled on the weekends. Staff L reported the facility staffed 2 CNAs up front with 30 residents giving them only a few minutes with each resident. Staff L referred to the pocket care plans and showed it had 13 residents she felt needed assistance level of 2 staff members and stated the pocket care plans were not accurate. Staff L said the agency staff did not know what to do as the pocket care plans not accurate. Staff L stated the MDS Coordinator updated the pocket care plans but they were so short staffed the MDS Coordinator had to work the floor. Staff L said the restorative aide had been pulled for staffing when the back needed help. Staff L reported a lot of call-ins occurred and they had a staff member on light duty. Staff L said there were times where 6 of the staff members on a shift were from temporary staffing agencies.</p> <p>On 3/10/20 at 6:30 p.m. Staff N, CNA, responded she had no specific training on elopement policy until after the elopement with Resident #4. Staff N could not readily verbalize what the policy directed but stated the</p>			
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	<p>facility posted the education at the time clock for staff to sign.</p> <p>On 3/11/20 at 4:04 p.m. the Climatologist reported he pulled the airport records from the Des Moines and Creston airports as Winterset was situated between the 2 airports. The Climatologist reported the weather on 3/4/20 at 5:30 p.m. was about the same for both airports: temperature 54 degrees, relative humidity 38%, cloudy with no precipitation, winds out of the SW at 6 to 9 miles per hour (mph) in Des Moines and 9 to 14 mph in Creston, with wind gusts up to 31 mph.</p> <p>On 3/12/20 at 11:17 a.m. the MDS Coordinator said she was in the process of making sure the pocket care plans were up to date when she was on the CCDI unit speaking to the CNA assigned to the unit that day.</p> <p><u>Facility Policies/Education</u></p> <p>The facility education dated 3/4/20 titled Door Alarms recorded the following instructions: Staff must respond to all door alarms. The outside property and perimeter must be checked for eloping resident(s). The alarm is not to be shut off until all residents accounted for or until there is at least two staff outside searching. The search must continue until all residents are counted and safe.</p> <p>The facility education titled Introduction to Wander Guard dated 3/5/20 from the Maintenance Department included documentation the alarm goes off because</p>			
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	<p>there is a potential wandering resident within 3 to 5 feet of the door.</p> <p>The resident list provided 3/11/20 identified 21 residents who were cognitively impaired and independently mobile (either independently ambulatory or propelling their wheelchair by themselves).</p> <p><u>The facility abated the Immediate Jeopardy on 3/11/20 by implementing the following corrective actions:</u></p> <p>a. A staff member posted 3/10/20 both doors exiting the CCDI were in view until additional alarms installed 3/11/20.</p> <p>b. Door alarm checks added to the routine maintenance door check tasks with documentation and additional batteries would remain in supply.</p> <p>c. Staff on duty were re-educated on protocol for when door alarms sound, which included staff outside the building searching until all residents accounted for. A list of PRN (as needed), part-time, on-leave, and unscheduled staff posted at the time clock requiring them to complete training prior to working.</p> <p>d. Protocol added to the facility orientation sheet for new staff to be trained during orientation on the policy and procedure for door alarms and elopement.</p> <p>e. Maintenance to do a monthly door alarm drill for 4 weeks and then monthly completing a response observation sheet.</p> <p>f. All agency staff educated on door alarm and elopement procedures at the beginning of their shift.</p>			
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	g. An email sent to all staffing agencies used by the facility with the door alarm and elopement procedures attached requesting all their staff that provided services for the facility read and sign it prior to beginning their next shift.			
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