

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165622	CONSTRUCTION A BIDE B WNC		(X3) DATE SURVEY COMPLETED C 05/28/2020
NAME OF PROVIDER OR SUPPLIER THE SUITES AT WESTERN HOME COMMUNITIES			STREET ADDRESS, CITY, STATE, ZIP CODE 5301 CARAWAY LANE CEDAR FALLS, IA 50613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>Correction Date: 6-11-20</p> <p>✓ qm</p> <p>The following deficiency is the result of the investigation of facility reported incident #99916-I, completed on May 14, 19, and 20 - 28, 2020.</p> <p>Facility reported incident #99916-I was substantiated.</p> <p>(See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.)</p> <p>F Free of Accident Hazards/Supervision/Devices 689 CFR(s): 483.25(d)(1)(2) SS=J</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, facility policy/procedure review, and staff interviews, the facility failed to ensure that each resident received adequate supervision to prevent the hazard of elopement (a resident that exits the facility without staff knowledge or permission) for 1 of 3 residents reviewed that the facility identified as at increased risk for elopement. On 5/8/20, Resident #1 eloped from the facility and was returned to the facility later in the evening. Staff failed to properly test the door alarm prior to the elopement. Investigation also revealed not all staff knew the facility's policy to test the exit doors</p>	F 000	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction.</p> <p>F 689</p> <p>This Plan of Correction constitutes the facility's credible allegation of compliance such that all alleged deficiencies cited have been corrected by the 11th of June 2020.</p> <p>In regard to F689, It is a policy of The Suites of Western Home Communities to ensure that Resident #1 as well as all other residents will receives adequate supervision to prevent the hazard of elopement.</p> <p>On 5/14/2020 all staff were educated with regard to door check procedures (see attachments A). There was a sticker placed on the crash bar of each door that explains how the door alarm properly functions (see Attachment B).</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tan Tan

Administrator

06/11/2020

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

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F 689	<p>Continued From page 1</p> <p>to ensure resident safety. This resulted in an Immediate Jeopardy to resident health and safety. The facility reported a census of 69 residents.</p> <p>A clinical admission evaluation dated 5/5/20 documented Resident #1 admitted from the residential living facility/assisted living/group home, and exhibited mild cognitive impairment (some confusion). The general note documented resident admitted from Assisted Living via Emergency Room. The evaluation noted Resident #1 fell 5/4/20 at Assisted Living, went to Emergency Room, and had X-rays that showed a compression fracture of T-12. Also, lab results revealed the resident had a Urinary Tract Infection (UTI) and antibiotics were ordered. Documentation described the resident as pleasantly confused and required reminders to wait for help.</p> <p>The Diagnosis Report documented the resident had diagnosis which included wedge compression fracture of the T-12 vertebra, Urinary Tract Infection, Hypertension, Major Depressive Disorder, and Unspecified Dementia without Behavioral Disturbances.</p> <p>The Elopement Evaluation tool dated 5/5/20, documented no history of elopement or an attempted elopement while at home, attempts to leave the facility, or wandering.</p> <p>The Care Plan from the facility's assisted living area where the resident lived prior to her arrival at the nursing unit with an admission date of 8/3/19, documented these interventions:</p> <p>*Known history of intermittent behavioral</p>	F 689	<p>On 5/19/2020 the ELPAS/SECURITY/CALL PENDENT SYSTEM procedure was updated on Checking Doors (see attachment C).</p> <p>The Director of Nursing or designee will ensure audits are completed every day for ten days, then three times per week for two weeks, then one time per week for 3 weeks and periodically thereafter. (Attachment D) The Quality Assurance team will monitor for compliance quarterly or more often as needed.</p>		

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F 689	<p>Continued From page 2 disturbances.</p> <p>*May pace throughout the facility, ask when she can leave or how to get out of building, may get agitated or verbally impolite with staff or other residents.</p> <p>*As behavioral disturbances occur, staff will offer short term 1-1 supervision, redirection, reassurance, distraction until behavior is stabilized.</p> <p>*May need to communicate worsening psychiatric concerns to physician and follow orders as given.</p> <p>*Able to follow safety protocols independently following directional cues from staff/emergency personnel.</p> <p>*Ambulation and transfer independently.</p> <p>*Should not leave unit unattended.</p> <p>*Receives routine checks per protocol to ascertain needs and ensure safety.</p> <p>* Mild to Moderate cognitive impairment, memory loss, especially of current events.</p> <p>*Intermittent episodes of anxiety.</p> <p>*Independent with mobility.</p> <p>*History of falls.</p> <p>The facility's Admission Care Plan dated 5/5/20 documented the following interventions:</p>	F 689			

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F 689	Continued From page 3 *resident is alert but confused. *history of falls and fall related injuries. *assist of one with bed mobility, transfers, walking, toileting, and locomotion, with assistive devices of walker/wheelchair. A fall risk evaluation dated 5/5/20 at 9:19 p.m., documented resident with intermittent confusion, and 1-2 falls in past 3 months. A Progress note dated 5/5/20 with no time specified documented Resident #1 admitted to facility from the Emergency Room (ER). Resident fell on 5/4/20 at Assisted Living and sent to ER. X- rays revealed compression fracture of T-12 vertebra. Also lab results indicated a urinary tract infection. Resident is pleasantly confused and has to be reminded to wait for help and is on an antibiotic. The Resident forgets she had a fractured vertebrae. A Progress note dated 5/6/20 at 11:44 a.m., documented resident as confused and experiencing signs of short-term memory loss. The resident has a diagnosis of dementia and is confused with memory loss at baseline and poor balance. A Progress noted dated 5/7/20 at 12:31 p.m., documented resident as very anxious, with one- to-one staff to resident ratio required. Staff able to calm resident and will remain with her for resident's comfort. A Progress Note dated 5/8/20 at 12:21 p.m., documented resident confused (at baseline) with disorganized thinking and inattention with cues required. Resident also anxious with change in mood noted. Resident is currently experiencing	F 689			

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F 689	<p>Continued From page 4</p> <p>unwanted behaviors with chronic wandering behavior noted.</p> <p>A Progress noted dated 5/8/20 at 8:20 p.m., documented at 7:23 p.m., resident exited the building without staff knowledge. Resident exited through West Wing back door. Resident stated she was looking around because she thought this would be a good place to stay. Went to the lobby to retrieve resident, escorted resident to her room, and completed a head-to-toe assessment and vital signs with no injuries noted. Staff notified primary care provider and received no new orders.</p> <p>A Progress note dated 5/8/20 at 9:30 p.m., documented writer updated the resident's daughter of the elopement, subsequent resident return with staff and no injuries noted. Staff informed daughter that IT initiated a wander alert to call pendent to alert when resident present near the doors.</p> <p>A Progress note dated 5/18/20 at 11:08 p.m., documented resident scored 5/15 on the Brief Interview for Mental status, (BIMS) that indicated severely impaired decision making abilities with a diagnosis of dementia and depression.</p> <p>An elopement form dated 5/8/20 at 10:02 p.m., documented at 7:23 p.m., resident exited building without staff knowledge via West Wing back door. Resident stated she wanted to look around because thought this would be a good place to stay. Went to the lobby to retrieve resident. Escorted resident to their room and did a head to toe assessment with vitals. No injuries noted. Called Primary care provider and received no new orders. Family member notified. Resident</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>oriented to person, confused, current urinary tract infection, active exit seeker, ambulating with assist, admitted within the last 72 hours, using walker and wanderer.</p> <p>The facility investigation with no date/time, documented:</p> <p>Diagnosis: Fall with fracture, dementia, depression, anxiety, acute upper respiratory infection and urinary tract infection.</p> <p>Timeline: A tenant from the facility's Independent Living telephoned the Security Guard on duty at approximately 7:30 p.m. and reported Resident #1 at his condo displaying confusion. During the interview, the tenant stated he found the resident at his back door with the storm door open. He opened the door and the resident went in, stating "This is where I'm going to be living. You know I'm moving in." He had her sit in his home office and alerted the security guard. He stated she was able to tell him her name and reported she thought she might have graduated from high school with his wife. He reported he did not feel that she was scared or worried but matter of fact about her living at there, specifically in his condo.</p> <p>Security Guard arrived at the condo at approximately 7:35 p.m. The security guard was not aware where the resident lived and called the director of Independent Living. The director of independent living contacted the administrator of the nursing facility, who instructed the security guard to return resident to the nursing facility and added she would be in immediately. The security guard returned the resident without incident. The resident's pendent showed a lost signal at 7:23 p.m., with signal activated again at 7:46 p.m.</p>	F 689			

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F 689	<p>Continued From page 6 upon return.</p> <p>Camera footage identified the resident exited her room, removed a mask from the isolation cart, put it in her right pocket, and approached the door. It appeared she read the sign that directed the door could be opened in 15 seconds. She then exited the building at approximately 7:23 p.m. through the West back door with her walker. She wore capris, a long sleeved t-shirt, socks, and shoes; it was still light and temperatures were in the lower 50's.</p> <p>Facility investigation revealed the certified nursing assistant the door did not alarm during door checks at 2:20 p.m., but she did not alert the supervisor. Resident had been receiving 1-1 care during first shift due to being anxious and agitated, but staff had calmed her down and this was not provided during 2nd shift. The nurse on the unit worked portions of both shifts and was comfortable with the present staffing pattern. Phone call made to director of assisted living, and found the resident did not show exit-seeking behaviors while she resided at the assisted living.</p> <p>Review of the Policy and Procedure for ELPAS/SECURITY/CALL PENDENT dated April 2019, documented the nursing facility provided a call pendent for each resident to provide security of the residents.</p> <p>Procedure: Checking Doors:</p> <p>* Once per each shift the charge nurse or designee will conduct a test of security doors. This will be done by opening each door to set off the alarm. Documentation of full functioning of the doors will be completed on the log kept in the</p>	F 689			

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F 689	<p>Continued From page 7 medication room or office.</p> <p>* Any concerns of malfunction will be immediately reported to IT and staff will be assigned to monitor door until repairs can be made. Head count of all residents will be made at this time.</p> <p>Review of the Policy and Procedure for Elopement Prevention dated April 2019 revealed:</p> <ol style="list-style-type: none"> 1. A nurse will complete elopement risk assessment on all resident upon admission, every three months and as deemed necessary. 2. If a resident is identified to be at risk for elopement, interventions shall be implemented as directed on risk assessment. 3. When a resident is identified as being at risk for elopement the Director of Nursing or designee are to be notified. 4. The Director or designee shall be notified immediately with any attempted or successful elopement. 5. All at risk residents shall have his/her picture posted in designated areas. 6. Residents who are at risk for elopement shall be visually monitored regularly. 7. Residents who are identified at risk must have a volunteer, family member designated person or staff accompany them to all appointments. 8. Elope interventions are addressed in resident's plan of care. <p>During an interview on 5/14/20 at 4:40 p.m., Staff A (certified nursing assistant) stated that on 5/8/20 she was scheduled to work the 2:00 p.m.-10:00 p.m., shift. Staff A stated she tested the West door 2:20 p.m., to ensure the door alarm sounded. Staff A stated when she pushed on the push arm of the door, the light to the left of</p>	F 689			

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F 689	<p>Continued From page 8</p> <p>the bar turned red but the alarm failed to sound, so then Staff A proceeded to physically push on the door and the door didn't open, so Staff A thought that the door was alarmed and secured. Staff A stated that she then became busy answering the residents' call lights. Staff A forgot to let the charge nurse know the door alarm did not sound. Staff A stated the charge nurse informed her a resident had gotten out of the facility and then she realized that she had forgotten to tell the charge nurse that the West door failed to alarm when she pushed the bar. Staff A said they then proceeded to follow the elopement policy/procedure and counted heads in unit and noted an unaccounted for resident. Staff A further explained the CNA were responsible for checking the door alarms and how staff checked alarms:</p> <ol style="list-style-type: none"> 1. Push on the arm on the door and if it sounds, it means it is activated. 2. Pushing on the physical part of the door and if not able to open the door, then it is secured. 3. The light to the left of the push bar should be red. <p>Staff A added the door is not physically opened to activate the door alarm according to the facility policy.</p> <p>During an interview on 5/19/20 at 10:38 a.m., Staff B, RN stated she was in the main lobby area checking in medications from the pharmacy on 5/8/20 about 7:30 p.m. She went back into the 1st floor unit and was met by Staff C that reported the facility administrator had contacted her and related the security guard was bringing back a resident that had left the facility. Staff B stated she was notified at 7:40 p.m., and she and Staff A</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>followed the elopement procedure and began a head count. They noted one unaccounted for resident, and she and Staff A tested all the door alarms. She added the West door failed to alarm as Staff B pushed bar on the door and it opened with no issues. Staff B stated she shut the door, put the key into the key hole, re-alarmed the door, and then rechecked it to make sure it was alarmed. It did alarm when she pushed on the bar and physically pushed on the door. Staff B stated again rechecked the door to make sure it was secured and activated by pushing on the push bar: it did sound and the light to the left of the bar was a solid red. Staff B explained the way staff tested doors as follows:</p> <ol style="list-style-type: none"> 1. Push on the push arm and if it sounds, door is alarmed. 2. Physically push on the door. If it does not open then it is activated. 3. If the red light to the left of the push arm is red, it means it is alarmed and activated. <p>Staff B added staff do not physically open the door to check its function according to the facility policy.</p> <p>During an interview on 5/14/20 at 2:10 p.m., Staff C (registered nurse) stated she was in her office doing paperwork on 5/8/20 and around 7:40 p.m., Staff C received a phone call from the facility administrator stating that the security guard for the complex had a resident that had left the facility. The facility administrator directed her to find the charge nurse and implement the elopement policy and procedure. Staff C found Staff B informed her of the elopement and directed the elopement policy/procedure needed to be started to determine if any other residents</p>	F 689			

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F 689	<p>Continued From page 10</p> <p>had left the unit. She also informed Staff B the security guard was bringing back the resident that had left. Staff C explained the door testing process:</p> <ol style="list-style-type: none"> 1. Push on the push arm and if it sounds, the door is alarmed. 2. Physically push on the door and if it does not open, it is considered activated. 3. If the red light to the left of the push arm is red, the door is alarmed and activated. <p>Staff B reported according to the facility policy, staff do not physically open the door to ensure it is functioning properly.</p> <p>During an interview on 5/14/20 at 11:44 a.m., the facility administrator stated on 5/8/20 around 7:35 p.m., she had received a phone call and was told the security guard for the complex had a female resident in another resident's villa on the complex and wanted to know where the female resident belonged. The facility administrator then called the security guard to take the female resident to the nursing facility a nurse would be there to take the female resident back to the right room. The facility administrator then called Staff C at informed them of the situation and directed staff to start the Elopement policy/procedure and said she was on her way. The facility administrator reported their investigation revealed the West door had not alarmed when checked by the CNA and the resident eloped through that door. The administrator obtained the camera footage and reviewed it. The facility administrator added all staff were re-educated on how to test the doors to make sure that they are alarmed and activated per the facility policy and procedure. The facility administrator stated that it is the expectation of</p>	F 689			

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F 689	<p>Continued From page 11</p> <p>the staff to inform the charge nurse if the door alarms are not functioning and to follow the policy and procedures and initial to indicate they understand what they need to do.</p> <p>During an interview on 5/19/20 at 11:45 a.m., Staff D (CNA) stated that she had worked on 5/8/20 the 6:00 a.m.-2:00 p.m. shift. Staff D explained she had checked the West door that morning and pushed on the push bar and it alarmed and then physically pushed on the door itself and it failed to open. Staff D stated she did not physically open the door to make sure the door alarm worked and activated. Staff D stated that to her recollection the door alarm sounded when she pushed on the push bar and when she physically pushed on the door it failed to open.</p> <p>During an interview on 5/19/20 at 11:00 a.m., Staff E (CNA) explained the procedure for checking the door alarms:</p> <ol style="list-style-type: none"> 1. Push on the push arm and if it sounds, the door is alarmed. 2. Physically push on the door and if it does not open, then it is activated. 3. If the red light to the left of the push arm is red, then the door is alarmed and activated. <p>Staff E reported the door is not physically opened according to the facility policy to alarm function.</p> <p>During an interview on 5/14/20 at 1:44 p.m., Staff F (operations supervisor) explained the procedure for checking the door alarms:</p> <ol style="list-style-type: none"> 1. Push on the push arm and if it sounds, then the door is alarmed. 2. Physically push on the door and if it does not 	F 689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165622	MULTIPLE CONSTRUCTION A BUDG B WNG		(X3) DATE SURVEY COMPLETED C 05/28/2020
NAME OF PROVIDER OR SUPPLIER THE SUITES AT WESTERN HOME COMMUNITIES			STREET ADDRESS, CITY, STATE, ZIP CODE 5301 CARAWAY LANE CEDAR FALLS, IA 50613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 689	<p>Continued From page 12</p> <p>open, it means it is activated.</p> <p>3. If the red light to the left of the push arm is red, then it is alarmed and activated.</p> <p>Staff F stated staff do not physically open the door according to the facility policy to check to see if the door is functioning properly.</p> <p>During an environmental tour with Staff C on 5/14/20 at 11:30 a.m., Staff C, went to the 4 doors on the unit and tested the doors. All the doors alarmed and sounded and staff responded quickly to the alarms.</p> <p>In an observation with the facility administrator on 5/14/20 at 1:00 p.m., the administrator walked the path the facility presumed the resident took when she left the facility through the West door. A sidewalk went from east to west with a lip the resident had to walk over. The landscape was uneven, with multiple small evergreen trees, a big boulder, with multiple flower pots, bushes, and a ceramic bird bath.</p> <p>The distance from the West door to the condo was approximately 130 steps.</p> <p>The National Weather Service Forecast Office for 5/8/20, documented the maximum temperature at 55 degrees Fahrenheit, with the minimum of 32 degrees Fahrenheit, with the wind speed from the north-northwest at 29-45 miles per hour.</p> <p>On 5/19/20 at 5:30 p.m., the facility administrator handed this surveyor an updated/revised ELPAS/SECURITY/CALL PENDENT SYSTEM that documented the procedure as follows:</p> <p>A. Checking door</p>	F 689			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165622	(X2) MULTIPLE CONSTRUCTION A BLDG _____ B WING _____		(X3) DATE SURVEY COMPLETED C 05/28/2020
NAME OF PROVIDER OR SUPPLIER THE SUITES AT WESTERN HOME COMMUNITIES			STREET ADDRESS, CITY, STATE, ZIP CODE 5301 CARAWAY LANE CEDAR FALLS, IA 50613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 689	<p>Continued From page 13</p> <p>1. Once per each shift the charge nurse or designee will conduct a test of security doors. This will be done by pressing the crash bar and waiting for the beep and the red light. This means the door is armed. Documentation will be completed and kept in the medication room or office.</p> <p>The facility abated the immediate jeopardy on May 14, 2020 by educating all staff with regard to door alarm function testing. The facility directed staff to follow the code on the door to make sure the light to the left of the crash bar is a solid red. If not, staff are to follow the Elopement policy/procedures to ensure no resident has left the facility. If staff cannot account for an immediately known reason to indicate why the alarm sounded, a head count must be completed to ensure all residents are present and accounted for.</p>	F 689			