

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

Citation Number: #8059		Date: July 9, 2020		
Facility Name: Southfield Wellness		Survey Dates: June 17-25, 2020		
Facility Address/City/State/Zip 2416 South Des Moines Street Webster City, IA 50595		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

<p>58.28(3)e and f</p>	<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>f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on interviews and record reviews, the facility failed to provide appropriate supervision for a cognitively impaired resident for one of four residents reviewed (Resident #1). On 4/22/20, the resident went on the facility provided van to an appointment in an unfamiliar clinic and town. Despite being informed by the clinic staff that the resident would need to wait awhile to see the Physician, the facility van driver left a business card with the hospital clinic staff and left the area. The facility van driver left the resident unsupervised to park the facility van and have lunch. While having lunch, the driver received a</p>	<p align="center">I</p>	<p align="center">\$7, 750 (Held In Suspension)</p>	<p align="center">UPON RECEIPT</p>
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Facility Administrator

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	<p>call from the clinic staff reporting the resident got upset and left the waiting area, taking an elevator to unknown regions of the hospital. Upon arriving at the floor, the resident's location was unknown, necessitating a search involving hospital security and other personnel. The length of time the resident was missing is unknown. However, the driver estimated the time to be 15 to 20 minutes. The van driver left the resident at an unfamiliar hospital clinic on the third floor unsupervised, which placed him at severe risk of injury or harm. There were hazards present, including stairwells and exits leading to areas trafficked with vehicles coming and going from the hospital. Either option would result in serious impairment or death. Due to the resident left alone in an unfamiliar area, the resident became upset, refused to be seen, and left the appointment. The resident then missed his appointment for evaluation and removal of 21 staples following a recent major abdominal surgery. Due to the lack of adequate supervision, the facility's actions caused the resident's health and safety to be in Immediate Jeopardy. The facility reported a census of 70 residents.</p> <p>Findings include:</p> <p>Resident #1's Minimum Data Set (MDS) completed with an Assessment Reference Date (ARD) 5/15/20 showed a Brief Interview for</p>			
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	<p>Mental Status (BIMS) score of 9, indicating moderate cognitive impairment. The resident required limited staff assistance of one staff for locomotion on and off the unit in the seven day lookback period. The resident required extensive assistance of two staff with transfers in the seven day lookback period. The resident had diagnoses of traumatic brain injury, paralytic gait, and mood disorder due to known physiological condition with a major depressive-like episode.</p> <p>A MDS with observation end date of 4/7/20 also identified the resident with a BIMS of "9".</p> <p>A Clinic/Office Note - Physician dated 6/24/20 indicated the resident had "mild cognitive impairment so stated". The Mini Mental State Examination (MMSE) completed at the visit indicated a score of 6/30, indicating severe cognitive impairment.</p> <p>Resident interviews:</p> <p>On 6/22/20 a 1:05 PM the resident reported that his appointment in Des Moines was mediocre. The resident answered yes to seeing the doctor at the appointment. The resident responded yes to having the staples removed at the appointment by the doctor.</p>			
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	<p>During a follow-up interview on 6/23/20 at 9:36 AM, the resident did not know the day of the week or the name of the President. When asked if the resident knew the day of the week, the resident responded with their name.</p> <p>Resident's Durable Power of Attorney (DPOA)/representative interview:</p> <p>On 6/18/20 at 11:49 AM, the resident's DPOA/representative reported the facility did not ask her about going with the resident to the appointment or about using an escort. The resident previously went to the Veterans Affairs (VA) Hospital prior to nursing home placement, but the clinic 4/22/20 visit on was the first time to go to this clinic. The resident's representative stated the facility should not leave the resident unattended in the waiting room as the resident has a history of a traumatic brain injury (TBI).</p> <p>Care plan review:</p> <p>A care plan problem dated 4/4/18 indicated the resident had a hearing deficit with difficulty communicating because of TBI. The TBI affected the resident's ability and willingness to participate in activities. The intervention revealed the resident would like staff to assist when the resident decides to attend the organized events.</p>			
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	<p>A care plan intervention dated 4/22/20 revealed when the resident goes out for a Physician appointment, that a staff should stay with the resident. The resident tends to become frustrated and refuse the appointment due to the resident's TBI. The intervention was updated on 6/23/20 to reflect the sister requested family or an escort to stay with the resident at outside medical appointments on 4/22/20.</p> <p>A care plan problem dated 12/9/16 indicated the resident requires assistance with activities of daily living (ADL's) related to right-sided weakness. An intervention dated 2/4/19 indicated the resident could assist one staff with a gait belt to stand at the sink for toileting tasks and perineal hygiene assistance during the day shift only. An intervention dated 4/4/18 indicated the resident required the moderate assist of 2 staff for transfers with a pivot disc/turner pro.</p> <p>Elopement and Fall Risk Assessments:</p> <p>The Elopement Risk Assessment V0714.1 dated 3/31/20 at 1:55 PM showed the resident disorientated in two spheres and unable to move independently in the wheelchair. The resident did not have a history of wandering. The resident had a diagnosis of dementia or cognitive impairment.</p>			
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	<p>The resident scored a ten which identified the resident at risk to wander.</p> <p>The Fall Risk Assessment V1013.1 dated 3/31/20 at 1:55 PM showed the resident with a score of 9, indicating moderate risk for falls.</p> <p>The Elopement Risk Assessment V0714.1 dated 5/15/20 at 10:44 AM showed the resident forgetful with a short attention span and could move independently in the wheelchair. The resident had no history of wandering. The resident did have a diagnosis of dementia or cognitive impairment. The resident scored a ten identifying the resident at risk to wander.</p> <p>The Fall Risk Assessment V1013.1 dated 5/15/20 at 10:42 AM showed that the resident with a score of 9, indicating moderate risk for falls.</p> <p>The daily skilled nursing assessment dated 4/11/20 at 6:46 PM completed by the DON stated that the resident had short term memory impairment. The assessment continued to show the resident orientation was only to only person and place with impaired decision-making ability.</p> <p>The daily skilled nursing assessment dated 4/21/20 at 7:28 PM completed by the DON stated the resident had short term memory impairment.</p>			
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	<p>The assessment continued to show the resident's orientation was to only person and place with impaired decision-making ability.</p> <p>Progress Notes:</p> <p>A progress note dated 4/22/20 at 5:36 PM revealed Staff I, Transportation, alerted the Director of Nursing (DON) that the resident wheeled away from the doctor's office due to the resident stating it took too long to be seen. The resident was found within the same building in a patient room. No injuries observed, family and doctor notified of this behavior.</p> <p>The progress note labeled 24 Hr Follow Up To Incident Report dated 4/23/20 with a creation date of 5/21/20 stated "Late Entry" revealed the driver alerted the DON that the resident wheeled himself away from the doctors' office due to resident saying it took too long to be seen. The resident was found within the same building in a patient room with no injuries observed. The family and doctor received notification of this behavior. An assessment of the resident was not applicable. New interventions following the incident identified as: driver not to leave the resident during appointments. No further notifications regarding the incident completed. No new injuries discovered due to the incident.</p>			
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	<p>The progress note labeled 1 Week Follow Up To Incident dated 4/29/20 at 4:35 AM with a creation date of 5/21/20 stated "Late Entry" revealed the driver alerted the DON that the resident wheeled himself away from the doctors' office due to the resident saying it took too long to be seen. The resident was found within the same building in a patient's room with no injuries observed. The family and doctor received notification of this behavior. An assessment of the resident was not applicable. New interventions following the incident identified as: was for the driver not to leave the resident during appointments. No further notifications regarding the incident completed. No new injuries discovered due to the incident.</p> <p>The progress note dated 4/22/20 at 4:36 PM labeled "Communication - with Physician" showed the clinic called to tell the staff that since the resident refused to come to the appointment that the nurse could have an order to remove the staples.</p> <p>The progress note dated 4/22/20 at 5:40 PM labeled "Communication - with Family or Related Party" indicated completion of the entry was late. The facility notified the resident's Power of Attorney (POA) regarding the resident leaving the</p>			
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	<p>doctor's appointment and not seeing the Surgeon. After the conversation, the POA voiced understanding that the resident became impulsive and left his appointment without being seen. The POA reported being thankful for the follow-up phone call.</p> <p>The progress note dated 4/22/20 at 6:19 PM labeled "Communication - with Staff "with a creation date of 6/22/20 at 9:23 AM by the DON identified going forward the facility did not plan to send the resident to any appointments alone. If the POA could not accompany the resident to doctor's appointments, the facility would make arrangements for the resident to have a staff member with him at all times while out to doctor's appointments.</p> <p>A progress note dated 4/22/20 at 5:42 PM identified the intervention following the incident as informing the van driver not to leave the resident unattended during appointments.</p> <p>Staff interviews:</p> <p>On 6/17/20 at 2:24 PM, Staff F, MDS/Care Plan Registered Nurse, reported the resident went to Des Moines to have staples removed following surgery. The van driver left the resident to park the van and planned to return. When the driver</p>			
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	<p>returned, the resident was gone. The resident left his appointment because he didn't want to be there. The resident then wheeled himself into an empty room. Once found, the resident was too late for the appointment, so they returned to the facility. The Administrator said that the incident did not need to be reported as the van driver left the resident with a nurse. When the driver returned to the clinic, the resident left the nurse.</p> <p>On 6/17/20 at 3:45 PM, Staff I said he provided the transportation for the resident to the appointment in Des Moines. When they arrived at the clinic, the staff stated there were a couple of people in front of the resident. Staff I reported telling the clinic staff that he needed to move the facility vehicle, and the clinic staff said it was no problem. Staff I said he parked the resident in between two chairs in the lobby before going down to move the facility van. Staff I stated he received a call from the clinic staff who reported the resident got upset because the resident was third instead of first. The clinic staff said that the resident began to push the wheelchair away from them and then got into the elevator. Staff I stated he went back up to the floor to speak to the clinic staff and Physician. The clinic staff reported the resident went towards the elevators. Staff I said after notifying security, he got back onto the elevator. Staff I stated he went to each floor and</p>			
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	<p>check with other staff. Staff I reported going into a conference room after seeing the resident in the doorway. The resident was calm, sorry, and knew he screwed up. The resident did not want Staff I to be mad with him. Once found, the resident repeatedly apologized for leaving the waiting area. Staff I took the resident back to the clinic, and the resident apologized to the clinic staff. The clinic staff said it was too late for the resident's appointment, so he could not be seen.</p> <p>During a follow-up interview on 6/17/20 at 4:02 PM, Staff I, said he stopped at the reception desk before going downstairs to move the van. The lady said there were a couple of appointments ahead of him that they would have him into the appointment and back out before he returned. After learning the resident left the clinic and got onto the elevator, Staff I said he rode up and down the elevators to look for the resident as the resident just went down on the elevator opposite of him. After the elevator, Staff I reported going up and down the stairs checking each floor to make sure the resident wasn't there. Staff I stated the situation happened very fast but no longer than 15 to 20 minutes.</p> <p>Staff I (Van Driver) Undated Statement:</p>			
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	<p>An undated statement provided by the facility from Staff I indicated that on 4/22/20 Staff I drove the resident to an appointment in Des Moines. Once they arrived at the office, they went up to the third floor and met with the receptionist, who said they were in the right place. The receptionist told Staff I there were several people in front of the resident so that it would be a small wait. Staff I pushed the resident to the waiting area and told the resident that the doctor would see the resident shortly. Staff I told the receptionist that the van was parked out front and it needed to be moved. The receptionist said that it was fine. Staff I gave the receptionist a business card with Staff I's cellular (cell) phone number on it. Staff I left and went to get food from across the street of the hospital before parking the van in the parking lot. While Staff I ate, the receptionist called to report the resident refused care and became frustrated. Staff I moved the van back to the previous location in front of the hospital before returning to the clinic. Once Staff I got to the third floor, Staff I could not locate the resident. The receptionist reported the resident was mad and left the area towards the elevator, going down the opposite elevator Staff I came up on. Staff I went back to the entrance and spoke to the nurse taking temperatures who reported the resident did not come by her. Staff I then returned to the third floor in the opposite previously used elevator.</p>			
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	<p>Staff I went back to the receptionist, who stated the resident did not return to their floor. Staff I asked the receptionist to contact security to assist with finding the resident. Staff I returned to the elevator and went to the second floor before checking all the hallways and checking rooms that the resident could access. Then Staff I went to the first floor, where there were many corridors that the resident may have went down. This portion of the search was time-consuming but had a negative outcome on his location. Staff I moved to the stairwell and went back to the ground floor. While there, the same nurse reported not seeing the resident. Staff I gave the nurse his cell phone number in case the resident did come to that area. There, Staff I, went up the stairwell, checking each floor for the resident's movement. Upon returning to the third floor Staff I found the resident peeking from a door outside of the waiting room. The resident saw Staff I and reported that the resident messed up. The resident apologized for being a bother, and the resident wanted to tell the staff the resident was sorry. Staff I returned with the resident to the clinic area to allow the resident to apologize to the staff. Once the resident apologized, they left the hospital and returned to the facility.</p> <p>On 6/18/20 at 9:09 AM, the Administrator reported the standards were one driver and one</p>			
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	<p>resident per transport. The driver was not supposed to stay with the resident; they are to leave the resident with the medical professional. The facility only has two vans and two drivers.</p> <p>On 6/22/20 at 2:50 PM, the DON said the resident always went alone to appointments unless the resident's DPOA went with the resident. The team manager talked to the DPOA and notified the DON if the DPOA could not transport the resident. The transportation supervisor was notified and told no one is to leave Resident #1 alone, so this situation did not happen again. There was no education written. The DON did not know if any documentation was done about this as the DON was working in the Assisted Living at the time.</p> <p>On 6/23/20 at 10:34 AM, Staff L, Certified Nurses' Aide (CNA), said the resident was very cognitive. The resident could set up their television (TV), but anything could set the resident off. Then there are some days the resident is unable to say what is wrong. Some days, the resident would know the day but cannot tell who the President. The resident has a calendar. The resident does not know the staff by name but can recognize their voice and looks.</p>			
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	<p>On 6/23/20 at 11:29 AM, Staff K, CNA, reported the resident knows when the resident is in pain and able to report it to the staff. The resident can tell the staff if there is a problem with the ileostomy bag. The resident has a nightly routine, and if something is forgotten, the resident inform the staff. Staff K was not sure if the resident would know what to do if the resident were outside of the facility. In the evening, Staff K has to remind the resident two to three times that it is time for supper. If the resident was able to see a calendar, and it was updated, the resident would be able to say the date. The resident can identify the staff but not by their name. The resident has gone onto the patio but just stayed there.</p> <p>On 6/23/20 at 1:16 PM, Staff M, RN, stated the resident was pretty cognitive, but the resident apologized repeatedly. The resident apologizes whenever the ileostomy bag is changed as the resident feels its the resident's fault. Staff M said that staying in a familiar environment helped to keep the resident stable. Staff M reported surprise that more residents did not go to appointments with an escort. At a previous job, everyone went with an escort unless they were completely independent. Staff M said that when the resident apologizes, Staff M is unsure if the resident knows the reason for the apology. Staff M reported just seeing a paper from the DON that</p>			
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	<p>staff received education on 4/22/20 and something about the transportation staff. Staff M said the DON said this was for education on 4/22/20. Staff M reported that it was the first time to be educated about that situation.</p> <p>On 6/23/20 at 2:03 PM Staff N, Licensed Practical Nurse (LPN), reported that she did not know anything about education regarding the transportation policy. Staff N said the first time hearing about the information was from the surveyor. Staff N reported not working with the resident at all.</p> <p>On 6/23/20 at 2:23 PM, Staff O reported not regularly working with the resident. Staff O said that she remembered hearing about the situation with the resident at the clinic but did not personally remember getting educated about it before 6/23/20.</p> <p>On 6/23/20 at 4:08 PM, Staff A, RN, said that when hired, she received a brief explanation as to what the transportation's job duty was, but was not much on specifics. Staff A said she was familiar with completing BIMS on residents as the facility specifically educated on this for admissions or as needed. Staff A stated not being aware of any specific assessment related to transportation. Staff A said there was no</p>			
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	<p>education given because the nurses don't go to appointments, that is the transportation's job.</p> <p>Hospital clinic staff interview:</p> <p>During an interview on 6/23/20 at 2:51 PM, Hospital Clinic Staff #1, Receptionist, reported remembering the resident sitting in a wheelchair. However, the driver was not able to stay. The clinic had a long day that day, so they were slow. The resident kept asking about going back to see the doctor. When the resident couldn't go back to see the provider, the resident became frustrated and then suddenly used his legs to move the wheelchair and left the clinic area. The clinic manager attempted to stop the resident. The staff tried to get into touch with the driver but had problems reaching the driver. After reaching the driver, the driver came back to the floor. In the meantime, the resident disappeared out of the office. The staff started to look for the resident and called security, then the driver. The driver eventually brought the resident back, and the resident kept apologizing, but the resident did not want to stay. Hospital Clinic Staff #1 thought it was 5-10 minutes, ten minutes max that the resident's location was unknown. Hospital Clinic Staff #1 did not remember the driver asking if the resident could stay but did believe there was a receptionist there. Hospital Clinic Staff #1 stated if</p>			
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Citation**

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	<p>they knew the resident was mobile enough to wheel out of the clinic, the staff wouldn't have let the resident staff unaccompanied, but the staff did not know. Hospital Clinic Staff #1 said sometimes staff, family, or others come and sit with residents. This situation was the first time this issue ever happened since she worked at the facility since September or October of last year.</p> <p>On 6/23/20 at 4:20 PM, Hospital Clinic Staff #2, Certified Medical Assistant (CMA), reported the resident had an appointment scheduled with the emergent general surgeon. The clinic always sees patients once a week for one to one-half hour increments. The resident was to see the Surgeon at 2:00 PM. The driver brought the resident early to the appointment and dropped the resident off in the waiting room. The driver said he would be downstairs. The resident was placed into the waiting room. The clinic staff was unaware that the resident needed watching. Hospital Clinic Staff #2 reported that the staff wasn't instructed that the resident was nonverbal. The receptionist reported that the resident was yelling and angry. The resident kept saying the resident was done. Hospital Clinic Staff #2 stated that the resident would be seen next due to the resident being upset. Hospital Clinic Staff #2 went out to calm the resident and he continued to be angry. Hospital Clinic Staff #2 said their manager</p>			
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	<p>came out, as she was nearby, to stop the resident. They could not calm the resident down and left the clinic area. The resident got onto the elevator then went wandering around the hospital for about twenty minutes. The clinic staff called security and attempted to call the driver. The clinic staff was concerned as the resident needed to reschedule the appointment and the resident required an escort. The clinic staff asks for a companion for nursing home residents. However, they get some that are cognitive, and they don't usually screen for the need for an escort.</p> <p>Physician interview:</p> <p>On 6/24/20 at 7:57 AM, the resident's Primary Medical Doctor, Physician, reported not being aware of the situation but had taken a leave for the past six months. The Advanced Registered Nurse Practitioner (ARNP) assisted with covering the Physician's patients. The Physician reported that based on the resident's medical diagnoses, the resident has a cognitive impairment without documentation of dementia, Hepatitis C, and mood disorder. The resident had all of these medical issues and would be safer if with someone with him. It would have been better if the driver could have moved the van after the appointment, but he was not there and was unsure of the situation. The Physician said he did</p>			
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	<p>not expect the drivers to know the resident's cognition. Residents with this diagnosis do better in familiar surroundings. This resident should not have been left alone. Residents with these conditions, if not in their natural settings as with residents with dementia, can become upset waiting. This situation is similar to leaving a child in the waiting area while the adult sat in a car. The loop lacked completion between the driver, the clinic, and the facility.</p> <p>ARNP Interview:</p> <p>On 6/24/20 at 8:41 AM, the ARNP stated the resident's cognition varies. The ARNP reported overseeing the residents in the nursing back in January 2020. Since taking over, the ARNP saw the resident twice at the end of April in person and once in June through telehealth. The ARNP reported having a vague memory of seeing fax regarding the resident's incident in April. The ARNP did not recall notification that the resident never saw the Surgeon when the incident occurred. Since the resident never saw the Surgeon, the ARNP was concerned due to the intensity of the resident's surgery. The resident had staples from the sternum through the abdomen. Due to the current concern with the resident's incision, the ARNP was hoping the issues were with the sutures and not the surgery.</p>			
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	<p>The ARNP reported seeing the resident on April 13th without problems with the resident's surgical site. The ARNP said she monitored the resident's laboratory values (labs) and noted an increased sedimentation rate. The ARNP instructed the facility to notify the Surgeon. The ARNP said she only met the resident once in person and then once on telehealth. The ARNP reported being very concerned when the resident had staples that the resident would mess with the staples. The ARNP said thankfully, the resident did not mess with the staples and luckily did not get pneumonia.</p> <p>Psychiatry Note:</p> <p>A Psychiatry Note dated 6/25/19 indicated the resident was awake, alert, and orientated times three. The resident was wheelchair bound with left sided paralysis. The resident had minimal spontaneous speech. The resident had marginal insight and impaired judgement. His fund of knowledge was below average. The resident lived in a nursing home and was reliant upon others for twenty-four hours, seven days week care with chronic medical ailments. In the area "protective factors" the note revealed the resident received clinical care for mental and physical disorders and had access to a variety of clinical interventions and support for help seeking. The resident had</p>			
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	<p>restricted access to highly lethal means of suicide.</p> <p>Education:</p> <p>The Administrator provided an undated form identifying completion of education on 4/22/20 to nursing and transportation staff regarding the resident's transportation. The form said the family elected to have an escort to medical appointments. The DON and Administrator discussed with the Maintenance/Transportation Supervisor that nursing staff would communicate instructions regarding an escort for each resident at the time of transport. The staff received the facility's policy on transportation for review. The form continued to indicate that on 4/22/20 the facility provided education to the nursing staff reiterating the facility's transportation policy by the Administration staff. The nursing staff received re-education on the policy and residents should have a family member, a facility escort, or a volunteer present as required based on the resident's assessment, for the duration of the medical appointment. The resident and or family may also choose to have an escort at any time. The staff received the facility's policy on transportation for review.</p> <p>Policy review:</p>			
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	<p>The Resident Transportation and Escort Policy - Medical revised 8/12 indicated the facility informed residents and/or families on admission that the facility did not routinely provide an escort to accompany the resident to medical appointments. If a resident required an escort to the medical appointment, the expectation is that the resident or the family arrange for someone to accompany the resident. If the resident and or family are unable to locate an escort, the facility will help find a volunteer that can provide the service. If the facility could not locate a volunteer, the facility would arrange for a paid escort.</p> <p>Abatement:</p> <p>The facility abated the immediate jeopardy on 4/22/20 after education of staff on the directive that no resident is to go to appointments without an escort other than dialysis residents. This abatement resulted in past noncompliance for the facility. The State Agency notified the facility of immediate jeopardy on 6/22/20.</p> <p>FACILITY RESPONSE:</p>			
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