

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

Citation Number: 9043		Date: January 13, 2021		
Facility Name: REM Iowa-Coralville		Survey Dates: October 28, 2020 – November 16, 2020		
Facility Address/City/State/Zip 1985 Holiday Road Coralville, IA 52241		LK	#94117-I	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

64.60	<p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319.</p> <p>Classification of violations is I, II, and III, determined by the division using the provision in 481-Chapter 56, Fining and Citations,” to enforce a fine to cite a facility. This rule is intended to implement Iowa Code Section 135C.2(3).</p>	I	\$4,750.00	Upon Receipt
W158	<p>FACILITY STAFFING</p> <p>CFR(s): 483.430</p> <p>The facility must ensure that specific facility staffing requirements are met.</p> <p>This Condition is not met as evidenced by:</p>			

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W192	<p>Based on interviews and record review, the facility failed to comply with the Condition of Participation (COP): Facility Staffing. The facility failed to provide adequate training to ensure staff competently and consistently demonstrated skills and supervision supports to ensure client safety.</p> <p>Cross reference W193 Based on interview and record review facility staff failed to demonstrate the skills needed to manage client behavior and ensure client safety.</p> <p>On 11/4/20 at 2:40 p.m., Immediate Jeopardy (IJ) was determined based on the facility's failure to ensure staff competency to keep clients safe. The facility was notified on 11/4/20 at 3:40 p.m. The facility developed a plan to remove the IJ, which included increased staff involvement to silence alarms and re-training of staff on client Individual Program Plans (IPPs).</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(3) Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. This Standard is not met as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to ensure staff</p>				
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	<p>competency to implement programs to keep clients safe. This affected 1 of 1 client during the investigation of #94117-I (Client #1). Findings follow:</p> <p>Record review on 11/2/20 revealed the following:</p> <p>a. An Incident Investigation Overview completed by the Quality Improvement Specialist (QIS). The investigation summary revealed a police officer arrived at the facility on 10/25/20 at approximately 10:40 a.m. He asked if any clients were missing and gave a physical description of Client #1. Certified Medication Aide (CMA) A checked the home and discovered Client #1 missing. The Lead Direct Support Professional (LDSP) followed the officer around the block, identified Client #1 and brought him back to the facility.</p> <p>b. Client #1's Individual Program Plan (IPP) to reduce acts of elopement (leaving the facility without staff knowledge) directed staff assigned to Client #1 to test each facility exit door and Client #1's Wander Guard band at the beginning and end of each shift. Staff interventions included checking on him every five minutes while awake to ensure his presence in the home. The IPP directed staff to prompt Client #1 to utilize his</p>			
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	<p>iPad/picture cards any time he wanted to exit the facility.</p> <p>c. Client #1's IPP to reduce acts of PICA (ingestion of non-edibles) identified Client #1's level of supervision as five minute checks (during waking hours) and 30 minute checks on the overnight shift or if he chose to go to his room for personal time. According to the IPP, staff should perform environmental sweeps (scan the area for items Client #1 could ingest) when he entered a room or went to his bedroom.</p> <p>d. The facility Individual Diagnosis list indicated Client #1's diagnoses included severe intellectual disability, autism, PICA, Mixed Receptive-Expressive language disorder, incontinence and hyperopia (farsightedness).</p> <p>e. The facility Supervision and Support Procedure required staff to provide the level of support and supervision needed to ensure clients received an active program of interventions and services to achieve the objectives in the IPP.</p> <p>The procedure prohibited staff from leaving a client unsupervised.</p> <p>f. Client #1's Comprehensive Functional Assessment (CFA) completed on 5/25/20 identified street safety as a need for Client #1. Staff documented he needed "full assistance" with street safety including understanding</p>			
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	<p>"Stranger Danger", understanding traffic lights, understanding traffic signs and knowing how to cross the street safely. The Maladaptive Behavior section of the CFA noted Client #1 had programs in place for PICA, elopement, stealing and aggression behaviors.</p> <p>Observations at the facility on 11/2/20 at 3:40 p.m. revealed a wooden gate in the front entrance of the home, and a vinyl gate on the west side of the home near the back patio area. The fences included multiple latches to secure the gates. Observation at the facility on 11/2/20 at 3:45 p.m. revealed a Wander Guard panel on the front door although no alarm sounded when Client #1 walked past the entry door. Client #1 wore a Wander Guard band on his right ankle. Observations revealed a picture of the yard and the word "outside" posted on the entrance door, the door to the patio and the back exit door near Client #1's bedroom. A Wander Guard alarm panel existed on all three-exit doors. The exit door near Client #1's bedroom door also had a Detex alarm.</p> <p>When interviewed Certified Medication Aide (CMA) A confirmed the Wander Guard alarm should sound when/if Client #1 exited the building. He noted the Detex alarm was loud and would sound when anyone opened the</p>			
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	<p>door and exited the facility. He mentioned he worked on 10/25/20 and did not hear an alarm sound prior to discovery of Client #1's absence.</p> <p>Observation at the home on 11/2/20 at 4:05 p.m. revealed a vinyl fence and gate approximately 15 feet from the exit door nearest Client #1's bedroom on the east side of the home. CMA A stated he found the gate open when he checked it after learning Client #1 eloped on 10/25/20. He recalled he helped Client #6 in the shower and only found out Client #1 eloped when a police officer knocked on the door and asked if anyone was missing. He said he looked through the house and realized Client #1 left the home without supervision. CMA A noted he had never seen Client #1 open the gate but had seen him "mess with it." He again denied hearing any alarm go off on the day Client #1 eloped. When interviewed on 11/2/20 at 4:10 p.m., CMA A confirmed the LDSP held responsibility for Client #1 at the time of the incident. When interviewed on 11/2/20 at 5:25 p.m., the Qualified Intellectual Disability Professional (QIDP) confirmed staff should check on Client #1 every five minutes. She acknowledged since the incident on 10/25/20 staff should "keep an eye on him" but did not define what she meant.</p>			
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	<p>She noted the facility did not provide one to one staff for any clients.</p> <p>On 11/2/20 at approximately 5:50 p.m., an alarm sounded from the back of the house. When interviewed at 6:10 p.m., the Program Supervisor (PS) stated the Wander Guard sounded because she had to reset it as it flashed red, indicating it was not functioning properly. She explained staff check the alarms on the doors each day on each shift. Observation at 6:15 p.m. revealed the Wander Guard alarm on the back door (by Client #1's bedroom) flashed red. The PS came to the door and stated the light should be green. She left and returned with a remote device and reset the alarm. She explained if the Wander Guard flashed red, the alarm would sound when anyone went out the door. She noted the system should only go off when someone wearing a band exited the door. She said she had no idea how Client #1 eloped from the facility without staff being aware. She added, Direct Support Professional (DSP) A should have checked the alarm when she came on shift at 6:00 a.m. on 10/25/20. When interviewed on 11/2/20 at 6:20 p.m., the PS stated DSP C told her the Wander Guard alarm worked when he checked it on 10/25/20. She noted he told her he checked the alarm</p>			
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	<p>"manually" but she did not know what he meant. She said staff should use the remote to check the alarm.</p> <p>Record review on 11/3/20 revealed Client #1's IPP Data Sheet for October. The data sheet identified each door in the facility and the Wander Guard band for each shift during the month. The document directed staff to test all three door alarms and the Wander Guard band. In addition, the data sheet directed staff to notify a supervisor immediately if an alarm did not sound so staff could increase supervision of Client #1. Staff failed to check the alarms on first shift as evidenced by a lack of documentation on the data sheet.</p> <p>Record review on 11/3/20 revealed Client #1's Individual Incident Report (IR) dated 10/25/20. The IR completed by CMA A described events leading up to the discovery that Client #1 left the home without staff knowledge. The writer noted once asked by an officer if anyone was missing, staff conducted a search of the house and realized Client #1 left the facility unsupervised. According to the IR, LDSP followed the officer out the door, got in the van and returned with Client #1. CMA A completed a full body check and obtained a set of vitals.</p>			
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	<p>The IR indicated Client #1 sustained a small abrasion on the top of his left and right big toes. When interviewed on 11/3/20 at 2:25 p.m., the Program Director (PD) confirmed no documentation of any injuries existed for Client #1 since 5/19/20. She noted staff investigated the abrasions on his toes as injuries of unknown origin because no staff documented their existence prior to his elopement on 10/25/20.</p> <p>When interviewed on 11/3/20 at 8:05 a.m., the LDSP confirmed he came into work on 10/25/20 due to DSP C going home ill. He confirmed he worked with CMA A and DSP A. He reviewed the staff schedule and confirmed his assigned clients included Client #1. He recalled he last saw Client #1 at approximately 10:15 a.m. sitting on the couch in the living room holding some sensory items. He defined Client #1's level of supervision as "eyes on him." The LDSP said he left the living room to go to the kitchen to make a call to the PS and to begin making lunch. He said he verbally told CMA A and DSP A he was going to the kitchen. The LDSP estimated between 10:40 a.m. - 10:45 a.m., CMA A knocked on the kitchen door, said there was an officer at the door, and asked about Client #1's whereabouts. He went to the door and acknowledged Client #1</p>			
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	<p>matched the description given by the officer of an individual found a block away. He recalled CMA A went down the hall to Client #1's room, returned, and informed the officer Client #1 was not in the building. The LDSP said the officer asked him to get in his vehicle and follow him. He said he drove around the block from west to north to east and upon reaching the east side of the block; he spotted Client #1 walking with two officers. The Lead DSP confirmed Client #1 wore only a T-shirt and shorts, no shoes or socks. He estimated the temperature was around 40 degrees.</p> <p>The LDSP acknowledged he did not test the alarms when he arrived at 8:00 a.m. because he assumed staff completed them at 6:00 a.m. when they arrived on shift. The LDSP acknowledged he did not follow Client #1's level of supervision and provide five-minute checks and he was unaware if DSP A or CMA A provided them once he entered the kitchen. He suggested the other staff may have assumed Client #1 went to his bedroom for private time, but confirmed staff should have conducted a sweep of the room if he had gone to his bedroom. The LDSP confirmed he saw scrapes on both of Client #1's big toes.</p> <p>The LDSP confirmed the Detex alarm on the</p>			
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	<p>back exit door nearest Client #1's bedroom was loud and should be on at all times. He said he did not hear the alarm sound on 10/25/20. He noted staff have to get a key to disarm the alarm once it goes off. He could not explain how Client #1 exited the building without staff awareness but he did confirm Client #1's inability to safely cross the street.</p> <p>Observation at the home on 11/3/20 at 9:20 a.m. revealed the surveyor could hear the Detex alarm in the kitchen when the PS exited the back door. The PS confirmed staff have to use a key to turn the alarm off and on. When interviewed on 11/3/20 at 10:30 a.m., the State Climatologist identified the temperature in Coralville on 10/25/20 between 10:00 a.m. - 11:00 a.m. as 38 degrees. He noted a north/northeast wind created a wind chill of 31 degrees.</p> <p>When interviewed on 11/3/20 at 10:45 a.m., the Quality Improvement Specialist confirmed she conducted the investigation overview. She acknowledged her interviews with staff on duty on 10/25/20 revealed no staff checked the alarms per Client #1's IPP. She stated staff failed to follow the level of supervision established in his IPPs. She noted DSP A thought Client #1 went to his room but she failed to check and ensure his location. She</p>			
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	<p>confirmed staff interviews revealed no staff on duty heard the alarms on the back door sound on 10/25/20. She verified the Detex alarm on the back door sounded loud when activated, and concluded the alarm must have been turned off.</p> <p>When interviewed on 11/3/20 at 12:00 p.m., the PS confirmed she received a call on 10/25/20 regarding Client #1's elopement. She stated she interviewed staff by phone and confirmed the LDSP held responsibility for him at the time of the incident. . She noted staff are to communicate exchange of supervision of Client #1 if/when they cannot provide his required level of supervision. She recalled DSP C told her when he heard the alarm sound he checked it manually. He told the PS he had never been trained on how to reset the alarm with a remote. She also noted in the past, she found the alarm on the front patio door turned off even though staff are trained not to turn the alarm off. Since the incident, the PS indicated she retrained staff on Client #1's IPP and how to test the alarms. The PS confirmed Client #1 could unlatch the gate in the front of the house but she had never seen him leave through the other gates. The PS commented staff "dropped the ball" when they failed to provide appropriate supervision and follow Client #1's</p>			
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	<p>IPPs. She confirmed Client #1 could not cross the street safely.</p> <p>On 11/3/20 at approximately 8:25 a.m., the LDSP said staff should give Client #1 a snack or a sensory item to redirect him from the door to teach him not to elope. He failed to note the use of an iPad or picture cards to communicate a desire to leave the facility.</p> <p>When interviewed on 11/3/20 at 1:05 p.m. DSP D confirmed he worked the overnight shift on 10/24/20 - 10/25/20 and checked the alarms when he arrived at 10 p.m. on 10/24/20. He said he checked the alarm on all three doors but did not check the Wander Guard band on Client #1's ankle. He said he may turn the alarm off to let staff in during shift change but then turns the alarm back on. He did not see DSP A or DSP C check the door alarms when they arrived on shift at 6:00 a.m. on 10/25/20.</p> <p>When interviewed on 11/3/20 at 2:00 p.m., DSP C stated he worked from 6:00 a.m. - 7:30 a.m. on 10/25/20. He recalled DSP A came in at 6:00</p>				
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	<p>a.m. and CMA A arrived at 7:00 a.m. He called the PS to ask to go home due to not feeling well and left at 7:30 a.m. He contended he knew nothing about the incident regarding Client #1's elopement until he received a call from the Quality Improvement Specialist. He acknowledged the front door alarm worked because he recalled it went off when he arrived at work the night before. He said he heard the patio door beep when DSP D took the garbage out. He said he did not check the back exit door near Client #1's bedroom that morning. DSP C could not recall if the light on the Wander Guard alarms were red or green. He stated he did not receive training on how to use the remote to check the Wander Guard alarm until after Client #1's elopement incident on 10/25/20. When interviewed on 11/3/20 at 2:35 p.m., DSP A confirmed she worked at the home on 10/25/20. She said she observed Client #1 walk down the hall at approximately 10:20 a.m., but did not see him enter his bedroom. She did not know who held responsibility for him at the time. She recalled CMA A helped Client #6 in the shower and the LDSP went to the kitchen to prepare lunch. She said she sat in the dining room and played a table game with two clients and remembered Client #1 sat on the couch in the</p>			
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	<p>living room. She did not go check on Client #1 and she did not hear any alarms sound. She confirmed she did not check the alarms on the doors when she started her shift. She stated they realized later in the day that the Wander Guard alarm on the back exit door and the Wander Guard band were not working correctly.</p> <p>She acknowledged no staff checked the band prior to the elopement. She recalled Client #1 was dressed in a T-shirt and shorts but no socks and shoes prior to the elopement. She defined his level of supervision as ten-minute checks but stated she did not know for sure. DSP A confirmed Client #1 could not safely cross the street. She recalled CMA A completed an assessment upon his return and recalled he had scratches on both big toes. DSP A said staff were unaware Client #1 left the home unsupervised until an officer came to the door and asked if any clients were missing. When re-interviewed on 11/3/20 at 4:10 p.m., CMA A confirmed no alarm sounded when Client #1 eloped on 10/25/20.</p> <p>Observation on 11/3/20 at 4:20 revealed the PS</p>			
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	<p>opened the front entrance door as Client #1 walked by and the Wander Guard alarm failed to sound. The PS reset the alarm with the remote. She prompted Client #1 to go out the patio entrance door and the Wander Guard alarm sounded. The PS failed to prompt Client #1 to touch the picture on the door or use an iPad to request to go outside. The PS and Client #1 came back inside and the PS reset the alarm on the patio door. Staff prompted Client #1 to get his coat to go on a van ride. When Client #1 approached the door to leave, staff failed to offer him an iPad or prompt him to touch the picture on the door to indicate his desire to leave the facility. When interviewed on 11/4/20 at 11:25 a.m., the Coralville Police Sergeant confirmed a call came in to the department on 10/25/20 and officers were dispatched to a home north of the facility at 10:35 a.m. The Sergeant noted the Reporting Person (RP) observed an individual enter and exit her vehicle, come up the stairs to her home and hit himself in the head. She reported the individual wore a "tracking device". The</p>			
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Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>Sergeant said the RP reported the individual went into another vehicle two houses to the east of her home. He confirmed Client #1 would have had to cross the street to get from the facility to the addresses given by the RP.</p> <p>On 11/4/20, the surveyor drove around the block from the facility to the address of the RP's home. Observation revealed Client #1 would have had to cross the street to gain access to the RP's vehicle. The facility failed to ensure Client #1's safety while crossing the street on 10/25/20. When interviewed on 11/6/20 at 2:30 p.m., Officer A confirmed he went to the facility on 10/25/20 and asked a male staff (later identified as CMA A) if any clients were missing. He stated initially staff denied any elopement by Client #1, so he urged staff to check the home. He recalled a few minutes later staff acknowledged Client #1's absence and the LDSP followed him around the block. He said they drove from the west to the north and then saw two officers walking with</p>			
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Facility Administrator

Date

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

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

Citation Number: 9043		Date: January 13, 2021		
Facility Name: REM Iowa-Coralville		Survey Dates: October 28, 2020 – November 16, 2020		
Facility Address/City/State/Zip 1985 Holiday Road Coralville, IA 52241		LK	#94117-I	
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	<p>Client #1 on the east side of the facility. Officer A confirmed Client #1 wore a T-shirt and shorts but no shoes or socks. He described the weather as "cold."</p> <p>When interviewed on 11/6/20 at 2:45 p.m., Officer B stated he responded to a call on 10/25/20 and was the first officer to arrive on the scene (the RP's address). He saw Client #1 standing in the driveway of the RP's home. He recalled the RP reported Client #1 went through two vehicles, hit himself and came up the steps to her home. Officer B said Client #1 was yelling and hitting himself in the head when he saw him. He described Client #1 as dressed "inappropriately" in a T-shirt, shorts and no shoes or socks. He acknowledged he wore a coat because the weather was "cold". He confirmed Client #1 was unsupervised.</p> <p>When interviewed on 11/6/20 at 3:00 p.m., Officer</p>			
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Facility Administrator

Date

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	<p>C recalled he and Officer D went to the RP's address due to a report of a young man going through cars and banging on the homeowners door. He believed Client #1 got into the vehicle to get warm because the weather was cold and he had no socks or shoes on and wore a T-shirt and shorts. He confirmed Client #1 crossed the street in order to get from the facility to the address of the RP.</p> <p>When interviewed on 11/6/20 at 3:15 p.m., Officer D stated she arrived second on scene of the incident. She said the weather was cold so she and Officer C asked Client #1 to get in their vehicle. She recalled Client #1 started to get in the car but then got out and walked down the street. She said Officer C prompted Client #1 to walk in the grass since he was barefoot and it was cold outside. She confirmed they crossed the street with him to walk back towards the facility. Officer D recalled Client #1 wore a T-shirt and shorts. She noted he was shaking, possibly due to the cold.</p> <p>When interviewed on 11/9/20 at 5:00 p.m., the Program Director (PD) confirmed repair personnel found a problem with the Wander Guard system on 11/6/20.</p>			
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Facility Administrator

Date

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Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>When interviewed on 11/12/20 at 1:20 p.m., the PS confirmed she conducted more training with staff to ensure Client #1's safety.</p> <p>FACILITY RESPONSE:</p>			

Facility Administrator

Date

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