

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #9075	Date: March 23, 2021			
Facility Name: Parkview Manor	Survey Dates: January 6 – March 10, 2021			
Facility Address/City/State/Zip 516 13th Street Wellman, IA 52356	MW/DC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>F689 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 observation, staff interview, and facility policy the facility failed to provide adequate supervision for one of five residents that the facility staff identified as cognitively impaired but independently mobile. (Resident#13), which resulted in immediate jeopardy to resident health and safety. The resident that eloped from the facility had combative and wandering behaviors. The facility failed to execute the missing person's policy in a timely manner, and failed to ensure door alarms had been in working order. The resident had eloped from the facility, and had not been found for 2 hours and 45 minutes. The resident census had been 33 at the time of the incident.</p> <p>Findings Include:</p> <p>The Quarterly Minimum Data Set (MDS) Resident Assessment dated 11/2/20 documented Resident#13 had severely impaired cognitive skills for daily</p>	I	\$9000 (Held in Suspension)	UPON RECEIPT
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	<p>decision-making. The MDS documented the resident had wandering behaviors four to six days per week. The resident had been independent with walking in his room, but required limited assistance when out of his room, and the resident did not require an assisted walking device. The resident had required assistance of one staff member for toilet use, and personal hygiene. The resident had diagnoses including non-traumatic brain dysfunction, anxiety, depression, insomnia, and alzheimer's disease.</p> <p>The Resident's Care Plan with focus area initiated date of 9/28/20 documented as follows; the resident is at risk of elopement as evidence by; cognitive impairment, expresses desire to leave the facility, history of wandering, impaired safety awareness, new admission, and unfamiliar with surroundings. The Care Plan documented an intervention on 1/18/21 as follows; elopement intervention - alarm on west door to be checked twice a day, new alarm installed and placed where nurses could hear. The Care Plan documented a revision date of 12/11/20 with the following interventions; Distract the resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, and books. Identify the resident's pattern of elopement: is exit seeking purposeful, aimless, or escapist? Is the resident looking for someone or something? If the resident exits the building, do not leave unattended, walk with the resident and/or keep within eyesight. Monitor the residents location closely. Document elopement behavior and attempted diversional interventions in the progress notes, and behavior log.</p>			

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	<p>Motion sensor alarm on doorway of the resident's room to alert staff if he leaves his room at night. Provide structured activities for the resident such as, toileting, walking inside and outside, reorientation strategies including signs, pictures and memory boxes. The Care Plan documented the intervention without a date as follows; Notify supervisor, director of nursing, and administrator immediately of any successful exits from the building, and follow the facility elopement protocol. The Resident's Care Plan documented a focus area on 9/24/20 as follows; the resident had potential to be physically aggressive related to dementia, and history of harm to others, and poor impulse control. The Resident's Care Plan documented a focus area on 10/8/20 as follows; the resident had been prescribed psychotropic medication, due to continued outbursts and physical aggression.</p> <p>The Elopement-Wandering Risk Scale dated 9/2/20 and 11/9/20 documented a score of 14. The score according to the tool documented a resident with the score of 11 or above had a high risk to wander. The indicators included the resident had been ambulatory, could not communicate, had a history of wandering, and had medical diagnosis of dementia/cognitive impairment; diagnosis impacting gait/mobility or strength.</p> <p>During an interview on 1/25/21 at 1:45 p.m., the Director of Nursing reported the resident had changed the sound on the alarm.</p>			

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	<p>During an observation on 1/25/21 at 1:01 p.m., the resident stood very close to the nurse at the medication cart while the nurse had been setting up medications.</p> <p>During an observation on 1/25/21 at 1:45 p.m., the motion alarm sounded in Resident#13's bedroom, three people responded promptly, the resident stood at the entrance of his bedroom without signs of distress.</p> <p>During an observation on 1/26/21 at 9:00 a.m., the resident stood in the main dining area, and wandered around the tables getting close to other residents.</p> <p>During an observation on 1/27/21 at 1:33 p.m., the resident stood in the main dining room supervised by staff, the resident had non-skid socks on.</p> <p>During an observation on 1/27/21 at 4:00 p.m., a staff member provided the resident with one on one by walking alongside the resident down the hallway.</p> <p>During an observation on 1/28/21 at 11:00 a.m., the resident rested on the couch by the front door supervised by staff.</p> <p>During an observation on 1/28/21 at 2:00 p.m., the resident had been by the front door a staff redirected the resident. .</p> <p>The Nurses Note dated 9/3/20 at 4:18 a.m. documented the resident wandered in and out of the isolation hall up to the nurse's station, and had been</p>			

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	<p>redirected back to his room by staff multiple times to no avail. The resident had gone into another resident's rooms, and had been redirected. The night shift spent one on one time with him to help with his anxiety and restlessness. The resident had slept since about 2:35 a.m..</p> <p>The Nurses Note dated 9/3/20 at 10:44 a.m. documented the resident wandered frequently and required redirection.</p> <p>The Nurses Note dated 9/5/20 at 10:33 p.m. documented the resident had opened and walked over to the west door, a Certified Nurses Aide secured the resident, and returned him to his room. The charge nurse had been advised of the incident.</p> <p>The Nurses Note dated 9/24/20 at 9:02 p.m. documented the resident had been wandering in the facility without incident until approximately 8:30 p.m. Staff had attempted to redirect the resident from handling a pitcher of water in the nurses station, in response the resident hit the Certified Nurses Aide in the stomach, and then again in the back. The nurse redirected the resident out of the nurses station at that time. The resident then went down the west hall and stopped at the activity office door, and proceeded to break the lock and enter. The staff attempts of redirection only escalated the resident's aggressive behavior. The nurse walked with the resident towards his room to assist him to bed, halfway down the south hall the resident turned around to go back to the common area/nurses station. When the nurse asked</p>			

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	<p>the resident if he had been tired, the resident drew back his fist. In response, the nurse asked if the resident would hit her, and the resident stated, "I wouldn't put it past me!" The resident behavior continued to be unpredictable. The resident appeared to have targeted another male resident, and had followed him all over the common area in an aggressive or threatening manner. The said male resident had been directed to his room for safety at that time. A Certified Nurses Aide distracted the resident and the nurse gave Resident#13 Lorazepam (anti-anxiety medication) 0.5 milligrams intramuscularly injection at 9:20 p.m. without incident.</p> <p>The Nurses Note dated 9/26/20 at 4:40 p.m. documented the resident begun wandering at dinnertime in the dining room, refused to sit down, and stood closer than six feet to other residents. The resident had been given Lorazepam as ordered. Approximately 30 minutes later the south door alarm had sounded, a nurse exited the front door of the building and visualized that Resident#1 had pushed open the south door and had exited the building, the nurse assisted the resident back into the building without incident.</p> <p>The Nurses Note dated 9/26/20 at 5:31 p.m. documented the resident continued to wander through the lobby. The resident had noted to become agitated when attempting to redirect the resident to maintain social distance from other residents. The resident stood right next to another resident and tensed up and balled up his fist when attempts had been made to</p>			

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	<p>redirect the resident. Lorazepam intramuscularly administered per orders.</p> <p>The Nurses Note dated 10/3/20 at 9:32 a.m. documented staff reported at 7:35 a.m. the resident had been in the dining room and punched another resident in the face, breaking said resident's eyeglasses. The facility Nurse Practitioner ordered Resident#13 to be sent to the emergency room for evaluation and treatment.</p> <p>The Nurses Note dated 10/13/20 at 9:14 a.m. a Certified Nurses Aide reported that the resident wandered into two different residents rooms during the shift.</p> <p>The Nurses Note dated 10/15/20 at 5:32 a.m. documented the resident had been restless on night shift and as needed medications had been administered, staff provided one on one, with continuous redirection needed. The door motion alarm had been in reach of the resident on the wall next to the resident's bedroom door, and the resident pushed multiple buttons causing the panic alarm to trigger. Many residents were awakened and in response, they were wandering the hall or upset because Resident#13 had been wandering/lurking in the hall. At approximately 5:00 a.m. Resident#13 swung at staff while staff had been attempting to redirect the resident. Resident#13 had been standing in the doorway of another resident's room.</p>			

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	<p>The Nurses Note dated 12/7/20 at 12:52 a.m. documented the resident had been elopement seeking that evening. The resident would lean into the doors long enough then they would open. Staff had repeatedly redirected the resident away from the door. The resident had hit staff members with a closed fist. One on one care had been done intermittently and required to prevent elopement. The primary care physician had been called with a message left for a request of medication for the residents behavior.</p> <p>The Nurses Note dated 12/7/20 at 4:01 a.m. documented the resident had been sent to the hospital at 3:50 a.m. per ambulance.</p> <p>The Nurses Note dated 12/7/20 at 10:35 a.m. documented the resident had been discharged from the emergency, and resident had departed at 10:30 a.m. with no new orders for the facility.</p> <p>The Physician Progress Note dated 12/8/20 at 9:27 a.m. documented the chief complaint as follows; resident had been seen in emergency department with aggressive behavior. Context documented; staff reported the resident seemed to have his days and nights mixed up. Staff reported that the resident sleeps a lot during the day and he is up most of the night. The resident had diagnoses of dementia with behaviors, with worsening since return from the emergency room.</p> <p>The Nurses Note dated 1/15/21 11:29 p.m. documented the resident displayed behaviors, such as combative behaviors toward staff when attempting to</p>			

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	<p>redirect the resident from entering other residents rooms, refusing to stay in his own room, refusing to stay out of the nurses station or the copy room behind the nurses station. The resident would also yell at staff for physically ambulating next to him as a redirection intervention.</p> <p>The Nurses Note dated 1/17/21 at 11:23 p.m. documented that Resident#13 followed a female resident into her room. The resident had been redirected with some difficulty out of the room. Then Resident#13 became violent when asked to return to his room, he swung at the nurse twice, and advanced toward the nurse. The nurse grabbed both of the residents wrists, and both resident and nurse fell to the floor. The resident sustained a skin tear on the right forearm. The resident then calmed down, and a dressing had been placed on the skin tear.</p> <p>The Behavior Note dated 1/18/21 at 4:00 a.m. documented as follows; Resident#13 had not been found in his room. A search of the facility had been conducted, and the resident had not been found. The west door stop sign had been on the floor, and the alarm turned off. Search of grounds had been conducted twice with the resident found in a duplex sunroom sitting at a table with the lights off. The resident had been given a coat, and shoes then returned to the facility. The resident had an assessment temperature of 98.8 degrees Fahrenheit, feet warm and dry, skin warm, no new skin issues.</p>			

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	<p>The Nurses Note dated 1/18/21 at 6:30 a.m. documented the resident returned to his room, The Emergency Medical Tech and a facility nurse had assessed the resident. The residents feet had been warm, temperature 98.8 degrees Fahrenheit, and the socks were dry.</p> <p>During an interview on 1/27/21 at 10:07 a.m. Staff A, Registered Nurse (R.N.) reported he had been the night shift charge nurse on 1/17/21. Staff A reported Resident#13 had wandered all the time, and it can be hard to get him to stay in his room. Staff A reported the resident prefers to wear a shirt, long pants, and socks along with gripper socks. Staff A reported he had followed the resident into a room of a female resident. Staff A put an arm around Resident #13's waist to redirect him out of the room, then the resident swung at Staff A several times. Staff A reported he caught Resident#13's wrist, and they both fell. Staff A reported the resident did get a skin tear. Staff A stated the incident happened at about 11:30 p.m. on 1/17/21. Staff A reported the resident then went to wander in the lobby. Staff A reported he had been notified that Resident#13 had been missing at about 4:30 a.m. on 1/18/21. Staff A stated all the staff searched the building, which included the search of the basement, and the attached assisted living facility. Staff A stated he went down the west hall and noticed the velcro stop sign on the west door had been down, so he opened the door, the alarm did not sound. Staff A reported he saw footprints in the snow, and he followed them towards the condominiums west of the facility. Staff A reported he did open two storms doors to two of the</p>			

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	<p>condominiums but did not open the inner doors. Staff A reported the resident had actually been found in one of the condominiums sunrooms later on by another nurse who used her cell phone flashlight. Staff A stated the Emergency Medical Technician had checked over the resident as well as another facility staff member. Staff A reported he had been given education from the Director of Nursing on how the alarm is to be set. Staff A reported that now he does check the alarms to the west door every night. Staff A reported this had been the first time the resident had been out of the building. Staff A stated the resident would wander to the therapy area, lobby, and into other residents rooms. Staff A reported he had not been sure if the other nurses are checking the alarms on their shifts. Staff A stated the door alarms had not been part of the orientation, and he only does the door checks now because of Resident#13. Staff A stated Resident#13 had been at the front door to try to get out before. Staff A reported that he did not document the door checks.</p> <p>During an interview on 1/25/21 at 9:19 a.m. Staff B, Certified Nurses Aide (C.N.A) reported she worked the night shift (1/17/21 10:00 p.m. to 1/18/21 6:00 a.m.). Resident#13 had been in the main lobby, and had been upset. Staff B, reported she had given the resident some snacks, which seemed to help. Staff B reported at about 3:00 a.m. the resident headed back to his hallway. Staff B stated at 4:00 a.m. they noticed the resident had been missing, all the rooms had been searched, they found the key to the whirlpool room and unlocked it, searched the basement, and did not</p>			

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	<p>find the resident. Staff B reported the staff went to check the doors and noticed the west door alarm did not work, and saw footprints in the snow. Then followed them around on the sidewalk until the footprints stopped at a one story tan duplex west of the facility, the resident had been sitting in the sunroom of the duplex at a card table. Staff B reported that she put her shoes on the resident, and her coat, so they could walk the resident back inside the building. Staff B stated the resident had two pairs of socks on, long pants, and a short sleeve shirt. Staff B reported Staff C, R.N. had been with her. Staff B this was her second night working at the facility, and the alarm looked like it had been off, she reported she did not know how it worked. Staff B stated now all the alarms are checked at the beginning of the shift, and the end of shift. Staff B reported the resident had been found at about 6:00 a.m., and that 911 had been called to help look for the resident. Staff B reported all the other doors had been working that night. Staff B stated the resident did walk a lot throughout the night shift. Staff B reported the west hallway had been the COVID-19 isolation hallway.</p> <p>During an interview on 1/25/21 at 12:35 p.m. Staff C, R.N. reported had worked the night shift on 1/17/21, and Resident#13 had behaviors earlier in the shift when wandering into a females room. Staff C stated it had not been uncommon for the resident to wander into other residents rooms or to hit staff, and he had been sent to the hospital before due to psychological issues. Staff C reported the resident had been aggressive towards other residents before, and that is</p>			

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<p>search started arriving at 5:30 a.m. for their shift. Staff C reported the resident had been wearing long flannel pants, a white t-shirt, and two pairs of socks. Staff C reported the emergency medical technician had assessed the resident, and there were no injuries. Staff C reported that they put warm clothing on the resident, and he continued to wander around the building. Staff C reported that they put three alarms on the west door, one of which is a motion alarm, and all the alarms are to be checked by the night shift.</p> <p>During an interview on 1/26/21 at 8:45 a.m. Staff D, R.N. reported she worked the day shift of 1/17/21, and that the maintenance staff are responsible for checking the door alarms. Staff D stated Resident #13 wanders a lot, spends most of his time at the nurses station, and follows staff around. Staff D reported the resident likes to wear non-skid socks. Staff D reported the west wing is designated as the COVID-19 unit.</p> <p>During an interview on 1/26/21 at 9:20 a.m. Staff E, Certified Medication Aide (C.M.A) reported the maintenance staff check the door alarms. Staff E stated Resident #13 can be aggressive towards staff, and his behavior can increase very quickly without warning. Staff E reported food is the best intervention for the resident. Staff E reported the resident had been sent to the emergency room for his behaviors. Staff E stated the resident could change the tone on his door alarm, but not sure, if he could have shut off the west door alarm.</p>				

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	<p>During an interview on 1/26/21 at 10:19 a.m. Staff F, C.N.A reported the maintenance staff look after the exit doors. Staff F stated Resident#13 had touched the buttons on his bedroom door alarm; it is a good reminder for him to go back to bed when he hears it. Staff F reported the resident wanders, and does open exit doors.</p> <p>During an interview on 1/26/21 at 2:17 p.m. Staff H, C.N.A reported the CNA's do not check the exit door alarms. Staff H stated Resident #13 had wandered a lot every day, and wears two pairs of socks.</p> <p>During an interview on 1/26/21 at 2:50 p.m. Staff G, Assisted Director of Nursing (ADON) reported Resident#13 had been known to change the tone on his bedroom motion alarm. Staff G stated the resident had a history of exit seeking behaviors.</p> <p>During an interview on 1/26/21 at 3:20 p.m. Staff J, C.N.A reported she worked the night shift. Staff J stated Resident#13 did change the tone on his bedroom alarm, and messed with the fire exit doors. Staff J reported the resident had worn two pairs of socks, the outer layer being gripper socks. Staff J reported the resident had calluses on his feet, and shoes hurt his feet, so he wore two pairs of socks.</p> <p>During an interview on 1/26/21 at 8:30 a.m. Staff K, Maintenance Supervisor stated after the elopement of Resident#13, a motion alarm had been added to the west door. Staff K reported that in the morning he would make sure that the door alarms sounded, and at</p>			

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	the end of his day, he would visualize that the alarms are on and in place. During an interview on 1/27/21 at 11:47 a.m., the Director of Nursing (D.O.N) stated she had been notified at 5:15 a.m. on 1/18/21 that Resident #13 had been missing. The D.O.N reported she instructed the staff to check all the rooms, kitchen, chapel, and to look on the floor as he had a habit of laying on the floor. The D.O.N stated she had drove around the facility neighborhood, as she had not been far from the facility when she had been called. The D.O.N reported that she walked to the rooms, and opened the west door, foot prints had been in the snow, but did not have a flashlight, and the west door did not alarm when opened, the alarm had been off, and the velcro stop sign had been down. The D.O.N reported the staff had not been able to find him at 4:00 a.m., the last they had seen him had been when he headed west at 3:30 a.m., but staff did not say they saw him turn left towards south hall. The D.O.N reported the resident had been found by Staff C shortly after 6:00 a.m. and brought him in the building. The D.O.N reported the resident had on two pairs of socks, long pants, and a long sleeve t-shirt. The D.O.N reported she had told night shift to check the alarms on nights. The D.O.N stated the motion alarm at the residents' bedroom door had been in place prior to the elopement. The D.O.N reported the west door exit is the only door that did not have a 15-second egress code alert. The D.O.N reported she had not been aware of a motion alarm that the facility administrator had put in place. The D.O.N stated the maintenance supervisor had been			

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Facility Administrator

Date

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Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: #9075		Date: March 23, 2021		
Facility Name: Parkview Manor	Survey Dates: January 6 – March 10, 2021			
Facility Address/City/State/Zip 516 13th Street Wellman, IA 52356	MW/DC			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
	<p>responsible for checking the door alarms on Mondays through Fridays twice a day.</p> <p>During an interview on 1/27/21 at 9:36 a.m. the Administrator stated he had received, a call at 5:00 a.m. on 1/18/21 that Resident #13 had been missing from the facility. A building search had been done and one staff member had found footprints, staff had been searching on foot, one staff searching by car, and the west door alarm did not activate. The Administrator stated the D.O.N had called and reported the resident had been found, and had been checked over by the emergency medical technician, and the facility staff with no injuries reported. The Administrator reported that a motion sensor alarm had been added to the west door. The Administrator reported the nurses could carry a box with them that alerted them to when the motion alarm had been triggered. The Administrator reported the door alarms had been checked by the maintenance staff twice a day, but not on the weekends.</p> <p>During an interview on 1/27/21 at 1:59 p.m. the 911 County Dispatcher reported that a 911 call had been made on 1/18/21 at 5:47 a.m. from the nursing home for the missing Resident#13.</p> <p>During an interview on 2/2/21 at 9:25 a.m., the state climatologist reported that on 1/18/21 at 3:30 a.m. the temperature had been 20 degrees Fahrenheit.</p> <p>During an observation on 1/27/21 at 1:21 p.m. the survey team picked up the motion sensor device off</p>			

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Facility Administrator

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	<p>the floor next to the west exit door, the device flashed red occasionally. All the other alarms had been in functioning status per observation. The survey team continued to hold the motion sensor alarm, no staff responded for a total of ten minutes.</p> <p>During an observation on 1/27/21 at 1:33 p.m. the motion sensor alarm box had been located at the nurses station the #2 labeled west door had been flashing, no staff had been monitoring the motion sensor alarm box. The survey team took the box to the administrator.</p> <p>During an interview at 1/27/21 at 1:35 p.m., the Administrator reported he had not been sure why the box had not been sounding, and that the motion alarm is mostly for the night shift. The Administrator reported he had in-serviced Staff D, R.N. on the device, and someone else.</p> <p>During an interview on 1/27/21 at 1: 52 p.m., the Administrator and D.O.N reported and agreed that the motion alarm should have been active at all times, and the sound had been off.</p> <p>The Missing Resident/Elopement Policy dated 11/1/18 documented the unit charge nurse is responsible for knowing the location of their residents. The policy documented the responsibility is for the charge nurse and all other staff. The Policy documented that at any time in which a resident is determined missing, the following procedure will be strictly followed:</p>			

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	<p>A. Alert: The supervisor/charge nurse will alert all other personnel by all paging "Code Gray" and location (including unit, floor and room number).</p> <p>B. Search: A search of the immediate area (building) will be initiated under the director of nursing, shift supervisor/charge nurse. All rooms will be searched (including locked rooms). The nursing shift supervisor/charge nurse will designate staff to search the area surrounding the building, as appropriate (patio, parking areas, etc.)</p> <p>C. Contact: If the search of the immediate area (building) is unsuccessful, the nursing shift supervisor/charge nurse will immediately contact the: administrator and director of nursing, local police department, family/responsible representative, regional nurse and director of operations, attending physician, department of health notification as required.</p> <p>The Incident Description dated 1/18/21 documented as follows; the resident had not been found in room at 4:00 a.m.... A search had been made of the building, every room, basement, and outside of the facility, and the resident could not be found. The Director of Nursing had been notified at 5:15 a.m., and arrived at the facility at 5:30 a.m. The room rounds had been completed again. Noted that the west door velcro stop sign had been on the floor, and the alarm had been turned off. Footsteps noted in snow on the sidewalk, and followed them until only sidewalk remained. Door to door search of duplexes done. Police notified when resident had not been found. Returned outside to check duplexes and found the resident at 6:15 a.m. in</p>			

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Facility Administrator

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	<p>a sunroom in the dark sitting at a table. The resident had been given a coat and shoes and returned to the facility. A skin assessment completed. Vitals good. Body temperature 98.8 degrees Fahrenheit. No injuries had been documented on the incident report.</p> <p>During an observation on 1/27/21 at 10:36 a.m. the west exit door of the facility to the location that the resident had been found (condominium sun room) included a sidewalk that went west out of the building, then turned south, then turned east, then turned west, for an approximate length of three hundred feet.</p> <p>The Logbook Documentation for test operation of doors and locks documented the west doors had been checked on 1/11/21 to 1/14/21 but not on 1/15/21.</p>			
Facility Response:				

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Facility Administrator

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