

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

Citation Number: 9070				
		Date: 3-10-21		
Facility Name: Grand Meadows		Survey Dates: 02/18/21-02/25/21		
Facility Address/City/State/Zip 5300 Grand Meadow Drive Asbury, IA 52002		VV		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)e	<p>481.58.28(3) Resident safety e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on clinical record review, observation and staff interviews the facility failed to provide assessment/intervention and supervision for one of five residents when the resident exhibited increased confusion and verbalized a desire to exit the facility. (Resident #1). Facility front entrance/exit door not alarmed allowing Resident #1 to exit the facility without staff knowledge. The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) dated 12/10/2020, Resident #1 had severe cognitive impairment, no wandering behaviors exhibited, transferred from one surface to another with extensive assistance of two staff, and had</p>	I	\$9,750 (held in suspension)	Upon Receipt
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	<p>diagnoses including hypertension, diabetes, dementia and osteoarthritis.</p> <p>The Care Plan indicated Resident #1 had cognitive loss/dementia, history of TIA (Transient Ischemic Attack) (stroke) as evidenced by deficits in short and long term memory, initiated on 09/4/2020. The Care Plan instructed staff to use environmental cues and gestures to assist with communicating and to promote memory and problem solving, keep routine consistent, anticipate needs if unable to do so, ask yes/no questions if having difficulty responding to open ended questions and present just one thought, idea, question or comment at a time if having difficulty comprehending.</p> <p>On 02/10/2021, the Care Plan added impaired behavior related to diagnoses of age related cognitive decline as evidenced by wandering and leaving the household. The Care Plan directed staff to intervene as necessary to ensure safety of resident and others, divert attention from stimulus, attempt redirection, Accu-tech (Wander Guard) monitoring device, and when wandering ask what he is looking for and assist as appropriate.</p>			
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	<p>Interdisciplinary Notes include the following nurse's notes:</p> <p>-11/22/2020 at 11:38 p.m. - Resident had confusion shift. At 9:00 p.m. he came out of his/her room with coat on, and a bag of apples thinking his son was coming to pick him up. Resident asked how to get to the stairs so he could leave. Staff tried to re-orient resident but the resident disagreed. Staff called the resident's daughter to talk to the resident and the resident asked her when she was coming to get him. After talking to the daughter, resident stated he would stay with them that night, and staff brought the resident back to his room and helped with night time cares. Daughter called back after an hour to check on the resident.</p> <p>-02/10/2021 at 4:24 a.m. - Resident up at 2:00 a.m. and got dressed, found sitting in recliner. At 4:00 a.m. resident was observed about to self-transfer again, assisted to the bathroom and back to recliner. Resident then came out of room walking behind wheel chair. Nurse put a gait belt on the resident, grabbed the walker and ambulated up the hallway for a bit. Resident confused to place and time, looking for a way out. Resident re-directed back to his room and recliner. Resident</p>			
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	<p>refused snack, re-oriented to call light and placed within reach.</p> <p>-02/10/2021 at 6:48 a.m.- Staff B, Registered Nurse (RN), documented, Resident confused to time and place. Self-transferring, asking to go home, left household and returned by another staff person. Resident unable to say where he was going.</p> <p>-02/10/2021 at 2:44 p.m., the physician ordered a urinalysis and directed staff to monitor the resident's blood pressure for five days.</p> <p>02/10/2021 at 5:45 p.m., Social Services added a new goal to the Care Plan due to resident leaving the household and wearing an Accu-tech device.</p> <p>The Elopement Incident Report dated 02/10/2021 reported Staff A, Housekeeping, observed Resident #1 sitting in between the two front entrance doors. When Staff A pulled up and stopped her car, the resident opened the door and wheeled out about two feet. Staff A immediately assisted resident back into the building and household and notified the nurse.</p>			
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	<p>Resident #1 Elopement/Wandering Assessments included: -02/10/2021 - Score of 22. Resident at risk for elopement/wandering. -12/10/2020 - Score of 8. Resident not at risk for elopement/wandering. 10 or more = risk.</p> <p>Surveyor observation on 02/18/2021 at 11:30 a.m. revealed Resident #1 seated in his wheel chair, pleasant, neatly dressed and wearing an Accu-Tech Wander Guard bracelet on the right ankle. The resident sat calmly in his room. When asked if had gone outside lately? Resident replied with a smile, "Yes I did, someone told me I had better get back inside. It was slippery out there. I went out the back."</p> <p>Observation of facility camera surveillance footage from 2/10/2021 revealed: -At 6:09 a.m., a staff entered the facility. -At 6:17 a.m., Staff A pulled up to the front entrance -At 6:17:48 a.m., Resident #1 self-propelled out the door in his wheel chair and Staff A brought the resident back inside.</p>			
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	<p>Climatologist report: February 10, 2021 at 6:00 a.m. Dubuque airport reported a temperature of 2 degrees Fahrenheit with a negative 14 degrees Fahrenheit wind chill.</p> <p>During an interview on 02/18/2021 at 11:10 a.m., Staff D, RN, Director of Nursing (DON), revealed staff witnessed Resident #1 in his room seated in the wheel chair on 02/10/2021 at approximately 6:10 a.m., the resident reported he went through the therapy room to the front door and waited for a ride. Staff A arrived and observed the resident exit barely outside the door, approximately 1-2 feet. Staff A asked the resident where he planned on going. The video indicated the incident occurred at 6:17 a.m.</p> <p>During an interview on 02/18/2021 at 2:00 p.m., the Administrator revealed at the time of the incident, Resident #1's household only had a Wander Guard type alarm on its exit into the corridor. After the incident, they added a wireless keypad system that requires staff or visitor to enter a code. The front entrance/exit has a Wander Guard system located in the hallway leading to the door. Anyone without a Wander Guard can exit. In order to enter the facility, each staff carries a</p>			
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	<p>FOB that they scan to release the door. A visitor has to call for assistance by ringing the doorbell. The Administrator revealed the front entrance reception desk is staffed from approximately 7:30 a.m. until 4:30 - 5:00 p.m. Monday through Friday.</p> <p>During an interview on 02/23/2021 at approximately 11:45 a.m., the Administrator revealed he began working at the facility in April 2020, the front entrance had no functioning keypad alarm, only a Wander Guard alarm when exiting the facility. It had the capability for an additional alarm, and a key pad had been in place prior to the pandemic. The Administrator learned the front entrance keypad alarm had been disabled since they were not allowing visitors during the pandemic. On 02/18/2021, maintenance moved the keypad alarm to the Conlon household as an additional precaution until a new FOB system could be installed.</p> <p>During an interview on 02/22/2021 at 2:15 p.m., Staff B, RN reported working the night shift on 02/9/2021 from 6:00 p.m. until 6:00 a.m. on 02/10/2021. Staff B reported the resident often got up during the night, got dressed and self-</p>				
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	<p>transferred. Throughout the shift, staff checks the resident and ask him to use the restroom, however the resident often refuses. The resident fails to ask for assistance. That early morning on 02/10/2021, the resident self-transferred from the bed to wheel chair, got dressed, and sat in the recliner. Around 4:00 a.m., the resident came out of the room and stated, "I'm trying to find a way out." Staff B put a gait belt on the resident, walked for a bit and then assisted the resident to the recliner. Staff B informed the resident there had been a big snowstorm the night before. The resident seemed satisfied to return to the recliner and made no further remarks. Staff B recalled a long time ago the resident made a similar confused statement, and indicated he wanted to wait for the bus to go to St Anthony's Church. The resident never went to the door and attempted to exit the facility.</p> <p>During an interview on 2/22/2021 at 2:30 p.m., Staff C, RN reported working on 02/10/2021 from 6:00 a.m. until 6:00 p.m.. At approximately 6:10 a.m., Staff C observed Resident #1 seated in the wheel chair in his room doorway. Staff C went to care for another resident and the two Certified Nurse Aides (CNA's) were busy assisting residents. A little while later, Staff A reported he</p>			
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	<p>brought the resident back. Staff C, surprised and unaware the resident left the household immediately put the Wander Guard bracelet on the resident. Staff C indicated the resident had no prior attempts to exit the household.</p> <p>During an interview on 02/22/2021 at 10:00 a.m., Staff A, Housekeeping, reported she typically arrived to work early, pulls up to the front entrance and goes inside to the reception area. Staff is required to have Covid-19 screening prior to starting her shift. As Staff A approached the entrance, she noted Resident #1 seated inside the door. Staff A thought the resident possibly had an appointment and waited for transportation. As Staff A exited the car, the resident exited the front doors and Staff A assisted the resident back inside the building. The resident had no coat on and stated he "was going home". Staff A returned the resident to the household and the resident said, "There's my room". Staff A reported the incident to Staff C. Staff A revealed the resident's daughter drives a similar vehicle.</p> <p>Staff Education provided after the incident included:</p>			
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	<p>Staff are required to respond to all alarms in the facility. If it is noted that a resident has increased confusion or is noted to make statements regarding leaving the facility, an Accu-tech is to be applied immediately.</p> <p>During an interview on 02/25/2021 at 12:10 p.m., Staff E, Maintenance reported that initially the Conlon household had no FOB system, only a Wander Guard type system. Butler household had both a FOB and Wander Guard system. Staff E indicated he currently reached out to vendors and waited for bids to add a FOB system in Conlon. The front entrance initially had a keypad alarm system, however they disabled it when the facility prohibited visitors during the pandemic. Staff used an employee entrance at that time.</p> <p>The facility Policy and Procedure for Elopement, Risk Prevention and Management of Missing Residents dated 06/09/2019 included: Policy: Luther Manor Communities - Grand Meadows Campus strives to promote resident safety and protect the rights and dignity of the residents. The facility maintains a process to assess all residents for risk for elopement, implement prevention strategies for those</p>			
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	<p>identified as an elopement risk, institute measures for resident identification at the time of admission and conduct a missing resident procedure.</p> <p>Procedure:</p> <p>A. Assessment</p> <ol style="list-style-type: none"> 1. An elopement risk assessment is completed by the nursing staff on all residents on admission, quarterly and upon change of condition. 2. A facility approved risk assessment tool is utilized. The assessment is based on various risk factors that may precipitate an elopement event. The risk score includes a defined parameter which, when reached, indicates an increased risk and prompts prevention strategies. <p>B. Prevention</p> <ol style="list-style-type: none"> 1. Interventions that may be used for residents identified as high risk for elopement include: <ol style="list-style-type: none"> a. Designate resident as an elopement risk b. Place an Accu-tech bracelet on him/her. c. Include in activities that are in full view of staff d. Notify the staff of which residents are at risk for elopement e. Develop an elopement Care Plan f. Update families g. Transfer to a secured unit as needed 			
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	<u>FACILITY RESPONSE:</u>			
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