

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 9085		Date: April 12, 2021		
Facility Name: Village Northwest Unlimited		Survey Dates: February 22, 2021 – March 4, 2021		
Facility Address/City/State/Zip 330 Village Circle Sheldon, Iowa 51201		LK 94848-I & 92538-I		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

64.60 W189	<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.</p> <p>This rule is intended to implement Iowa Code Section 135C.2(3).</p> <p>DESCRIPTION:</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on interviews and record reviews, the facility failed to consistently ensure staff was adequately trained to effectively and competently perform job duties. This affected 1 of 1 client involved in incident 94848-I (Client #18).</p>	I	\$2,250.00	Upon Receipt
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	<p>Findings follow:</p> <p>Review of a facility Injury Incident Report (IIR) dated 11/20/20 revealed a UV light designed to kill bacteria was discovered in Client #18's bedroom about 1:00 a.m. by Residential Skills Trainer (RST) C. The document indicated RST C entered Client #18 room at 1:00 a.m. after he saw a light on in the room. He noted the client appeared asleep, so he turned off the light and removed it from the power source. The IIR also indicated the client received a nursing assessment which revealed "bilateral red eyelids, increased watery eyes, would not open eyes at this time to assess sclera. No other areas noted of redness. Slight swelling noted to the upper eyelids, skin intact". Nursing provided the client with a cold washcloth, sunglasses and, Visine drops.</p> <p>Review of a Physician's Order dated 12/31/20 revealed Client #18 was 48 years old. The client was diagnosed with severe intellectual disability, history of seizures, adjustment disorder, psychosis, asthma, and bilateral keratoconus (eyes). The document further indicated the client needed training in areas such as getting dressed, shaving, shutting the door while changing clothes, and making his bed.</p>			

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	<p>Review of the facility investigation completed shortly after the incident revealed the UV light was placed in Client #18's room on 11/19/20 during the day shift. The investigation further revealed the light was not removed from the room until 1:00 a.m. on 11/20/20 and Client #18 turned the light during the night. The investigation revealed the purpose of the UV light was to reduce the spread of infection by killing bacteria and was only to be used in empty rooms due to the harmful effects of the lights. The investigation noted the light appeared to be functioning and can be set to run for 15, 30, or 60 minutes. If the light were just turned on and no additional buttons were hit the light would run for 15 minutes and shut itself off. If another button was hit the light could be extended to 30 or 60 minutes and would shut itself off when the cycle completed.</p> <p>Review of a facility document for Ultra-Violet Disinfection Lamp Use revealed in capitalized letters "NO ONE CAN BE IN THE ROOM WHEN THE LIGHT IS BEING USED-DO NOT USE IN OPEN ROOMS WHERE DOORS CANNOT BE CLOSED OFF. UV LIGHT IS HARMFUL TO EYES AND SKIN." The document indicated when staff used the machine it needed to be placed in the center of the room about 3 to 4 feet off the ground and run for 30 minutes. The</p>			

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	<p>document further described cleaning of the device upon completion but failed to instruct staff to remove it from the room and where to put it. After the incident on 11/20/20, the procedure was revised and included staff needed to remove the machine from rooms after use and return it to storage immediately.</p> <p>Review of a physician order from 11/20/20 revealed Client #18 was exposed to UV light during the overnight hours on 11/19/20. The physician ordered the client receive Visine drops in both eyes 6 to 8 times a day through the weekend and he needed to be seen on 11/23/20 if symptoms were not improved. Review of Nurses notes dated 11/22/20 and 11/23/20 revealed the symptoms resolved and no further medical attention was necessary.</p> <p>Review of the manufacturer's directions for the UV Light machine revealed warnings. The document indicated people should not look directly into the light and the device should be used in the absence of people, animals, and plants due to potential for rash, conjunctival irritation, fatigue etc. The warnings further indicated long-term exposure to UV light has the potential hazard of skin and eye burning and long-term inhalation of ozone can damage the respiratory tract.</p>			

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	<p>When interviewed on 3/2/21 at 2:10 p.m. RST D confirmed she worked on day shift 11/19/20. RST D believed she put the light in Client #18's room and ran it for 30 minutes as they were trained to do sometime before noon. After the light ran for 30 minutes she asked RST E to put the light away and remembered RST D stated she would. She found out the next day the light never got put away as it should have. RST D stated the light was placed on a footstool at the end of Client #18's bed which was about 3 feet straight inside the doorway. She was not sure why no other staff saw it until 1:00 a.m. the next morning as somebody should have noticed it when they helped the client in his room. She indicated Client #18 couldn't talk for a conversation but was capable of turning lights on and off.</p> <p>When interviewed on 3/2/21 at 4:00 p.m. RST E indicated she could not remember whether she or RST D put the light in Client #18's room on 11/19/20, but remembered it being placed in the room. She did not remember being asked by RST D to put the light away after it ran its cycle. She indicated she knew it should be put away and was not sure why they didn't do it. She mentioned it may have been a busy day and got overlooked.</p>			

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	<p>When interviewed on 3/3/21 at 12:40 a.m. RST F confirmed he found the light on in Client #18's room at 1:00 a.m. on 11/20/20. He mentioned when he walked by the room he saw light inside so he looked in and saw the blue light on. He stated the client appeared asleep, so he turned off the light, unplugged it, and removed it to the supervisor's office.</p> <p>When interviewed separately on 3/3/21 between 4:45 p.m. and 5:00 p.m. RST F, RST G and RST H all confirmed they were familiar with Client #18's evening routine. All 3 staff indicated they needed to go into Client #18's bedroom at least once if not more often each evening on the afternoon/p.m. shift (approximately 2:00 p.m. to 10:30 p.m.). They noted at a minimum staff would make sure the client dressed appropriately and got into bed okay usually between 8:00 p.m. and 8:30 p.m. Staff also confirmed they usually checked on him at least once after he went to bed at approximately 8:30 p.m. and before their shift ended at approximately 10:30 p.m. They indicated this needed to be done every evening therefore a UV light 3 or 4 feet inside the door would likely be noticed.</p> <p>When interviewed on 3/2/21 and 3/3/21 the Director of Health Services (DOHS) confirmed the</p>			

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	<p>client suffered some injuries as a result of the UV light left in his room on 11/19/20. She indicated the swollen eyelids, watery eyes, and light sensitivity resolved within a couple of days. She reported they put the UV lights into use on 9/14/20 with the procedure for use. She stated staff was trained in how to use the lights and on the procedure, but they did not have documentation of the initial training. She also confirmed the policy was amended the day after the incident which directed staff to put the UV light away in the supervisor office immediately after use. The DOHS also confirmed she was aware the UV light could be potentially dangerous to humans. The DOHS believed staff knew to put the light away immediately after use after the first training and felt they just miscommunicated in this particular case.</p> <p>The investigation of 94848- I resulted in a determination of Immediate Jeopardy (IJ). The facility was notified 3/16/21 at approximately 9:30 a.m. The facility implemented a plan, which included discontinuing use of the ultraviolet (UV) lights. The IJ was removed 3/18/21 at approximately 11:30 a.m. A condition-level deficiency was cited at W158 and a standard-level deficiency was cited at W189.</p>			

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W191	<p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>Based on observations, interviews and record reviews, the facility failed to consistently ensure staff were trained to meet the behavioral needs of each client. This affected 1 of 1 clients involved in 92538-I (Client #19).</p> <p>Findings follow:</p> <p>Review of a facility Injury Incident Report (IIR) dated 7/8/20 revealed Client #19 eloped from the facility around 1:40 p.m. without staff knowledge. The IIR indicated the client received a nursing evaluation at 2:15 p.m. with normal vitals and no injuries.</p> <p>Review of a Missing Person Report dated 7/8/20 at 2:03 p.m. confirmed the client left campus unsupervised wearing a red tee-shirt (interviews revealed he also wore blue jeans and shoes). The state climatologist reported the weather at the time in Sheldon, Iowa was 90 degrees with wind out of the south at 23 mph and no clouds.</p>	I	\$4,000.00	Upon Receipt

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W189	<p>Review of a facility investigation document provided a timeline of events using witness testimony and phone logs. The summary revealed the Residential Leader (RL) saw Client #19 seated on a swing chair in front of House 354 shortly after 1:40 p.m. When she checked again a few minutes later he was gone. At 2:03 p.m. staff from another home found the client a 1/2 mile northwest of the facility and returned him to campus. The investigation also indicated the client last eloped from the facility 5 years ago but continued to have a program addressing leaving assigned areas. The goal focused on teaching the client to notify staff prior to leaving the residence by pushing a button. The client was also provided a CareTrac tracking device in his shoe to help locate him in the event of elopement.</p> <p>Review of a Program Procedure for Client #19 dated 5/20/20 revealed a goal for the client to "Refrain from leaving designated areas". The program indicated the desired behavior for the client was to learn to ring a doorbell installed inside the house to let staff know he wanted to go outside. The program tracked the number of times the client left an assigned area with or without staff supervision. In the first month of the program staff documented 2 incidents of leaving the area with supervision. The program failed to</p>			

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	<p>provide any information regarding the client's supervision level.</p> <p>Review of the Individual Comprehensive Plan (ICP) in place at the time of the elopement (10/19) and the new ICP (10/20) after the elopement found one brief sentence regarding supervision on page 4. The statement in both ICP's read "Client #19 tends to wander and needs supervision. Client #19 has a tracking device called a CareTrak, which allows staff to track him if he should wander away from his home".</p> <p>Review of Client #19's current physician order dated 12/31/20 revealed the client diagnosed with but not limited to intellectual disability, seizure disorder, pervasive developmental disorder, depression, schizophrenia, insomnia, autism and, dementia.</p> <p>Review of Client #19's Comprehensive Functional Assessment dated 9/2019 (for the time of the incident) revealed he would not inform staff when leaving the home and did not understand street safety which involved traffic or traffic lights.</p> <p>Review of Client #19's Risk Assessment dated 10/2019 and in place for the 7/8/20 incident revealed many situations which presented a risk for the client. Some of the risks listed among</p>			

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	<p>many others were busy streets, intersections, sidewalks, uneven terrain, walkways, eating inedible foods, and being alone in any environment presented risk for the client.</p> <p>Observations on 3/2/21 and a review of a map of the area in Sheldon, Iowa revealed Client #19 crossed at least one street alone during the elopement on 7/8/20. Based on where Client #19 was discovered he crossed Monroe Avenue which is a 25 mph zone. Client #19 may have also walked down Pine Street and Rainbow Drive. Both streets are 25 mph zones and do have sidewalks the client may have used.</p> <p>When interviewed on 3/2/21 at 2:20 p.m. Residential Skills Trainer (RST) D revealed she worked the day of the elopement as well as 7 other staff in House 354. She indicated she was 1 of 3 RST's assigned to House 354 on 7/8/20 as well as 4 staff from "The Center" assigned full-time to the home Monday to Friday since March 2020 due to Covid-19. She also indicated the Residential Leader (House Supervisor) was present at the time of the incident. RST D remembered at the time of the elopement (between 1:30 p.m. and 2:00 p.m., she estimated) all the clients (8) were in the backyard doing a water (slip and slide) activity with all the staff except the Residential Leader (no longer</p>			

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	<p>employed) who cleaned the kitchen inside the home. She could not remember which staff told the Residential Leader (RL) when Client #19 left the activity and entered the house, but she was sure someone told her. A while later the RL walked out to the backyard activity and asked if anyone knew where Client #19 was and noted she last saw him in the front yard seated in a chair. RST D indicated they searched the house and quickly made relevant notifications the client was missing. She indicated she was aware Client #19 had a tracking device and could not be outside alone unsupervised due to a history of elopement.</p> <p>When interviewed on 3/3/21 at 10:40 a.m. RST I told almost the same story as RST D except she indicated RST J (brand new employee) was also inside with the RL. She remembered Client #19 went inside during the slip and slide activity because he does not like water. She, like RST D, could not remember who told the RL Client #19 went inside, but knew someone told her. She remembered the RL coming outside asking if anyone knew where Client #19 was as he was no longer in the front yard on the swing chair. When asked about Client #19's supervision level, RST I indicated the client could be alone outside on the swing without staff with him. She indicated she often just watched him from inside the house</p>			

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	<p>outside a window. She revealed she and others often did this as he liked to be outside in nice weather. She indicated a couple of times he wandered from the swing while she was inside, but she went right out walked with him. She noted you can watch him from inside the house, but you can't take your eyes off of him or he might leave.</p> <p>When interviewed on 3/3/21 at 11:10 a.m. RST J confirmed she was the third RST on duty that day. She also revealed she had only been employed about a week or two at the time of the incident. She confirmed she was inside the house at the time of the elopement documenting on the computer. The RST stated she was unaware Client #19 came in the house and knew nothing about the incident until someone came and told her the client was missing. She indicated the client should never be left alone outside and staff were not allowed to watch him from the window as far as she knew.</p> <p>When interviewed on 3/2/21 at 5:00 p.m. the former RL (no longer employed) remembered she worked the day of Client #19's elopement. The RL apologized and stated she couldn't remember much from the incident except he was missing and they found him. She remembered seeing Client #19 outside in the front chair swing but</p>			

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	<p>does not remember if anyone ever asked her to supervise him. She thought maybe he left the backyard activity and walked around to the front without coming inside the house. She also could not remember if she was the one who discovered him missing. She did know he was an elopement risk and needed supervision.</p> <p>When interviewed on 3/3/21 at 11:43 a.m. the Qualified Intellectual Disabilities Professional (QIDP) A confirmed she remembered the incident from 7/8/20. She stated staff was allowed to watch Client #19 when he was outside from a window inside the house prior to the 7/8/20 incident. She indicated after the incident staff was no longer allowed to watch from inside and must be outside with him. When asked if the change was updated in his ICP or his "leaving the area" program she initially said yes, but after looking she confirmed she failed to document the change.</p> <p>When interviewed on 3/3/21 at 12:00 p.m. Residential Advocate (RA) confirmed she worked in the home for 2.5 years. When asked if Client #19 were allowed to be outside alone while staff watched from the window she indicated that wasn't encouraged, but allowed. She stated they encouraged staff to go outside with him, but</p>			

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	<p>sometimes it worked better to watch him out the window.</p> <p>When interviewed on 3/3/21 at 11:40 a.m. the current Residential Leader (RL) A confirmed she did not work at the facility at the time of Client #19's elopement. When asked, RL A stated she did not know for sure whether Client #19 could be alone outside without staff present as she hadn't been trained on that yet. She also did not know whether staff could watch him from inside the house through a window. She indicated she began employment about a month prior to the interview.</p> <p>Interviews on 3/3/21 with three additional staff (Life Skills Teacher, Coordinator of Therapy Services and Exercise and Sports Development Staff) assigned to the home since March 2020 due to Covid 19 all confirmed they were present on 7/8/20 when Client #19 eloped. On 7/8/20 all three staff reported they were outside with the group doing a water activity. They all three remembered Client #19 went inside the house and someone told the RL who was inside, but no one knew who told her. Eventually, the RL came out and asked if anyone knew where Client #19 was and they all began a search. All three stated they were somewhat familiar with the clients in House 354 even before March 2020 as they</p>			

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	<p>helped with lunch 2 days a week. They were not sure if they were ever trained on Client programs once they became full-time house staff in March of 2020. When asked if Client #19 could be outside alone without staff present 2 of the 3 indicated they were not sure (Coordinator of Therapy Services and Exercise and Sports Development) and the other reported staff must be with him outside.</p> <p>When interviewed together on 3/3/21 at 12:15 p.m. the Director of Health Services (DOHS) and QIDP A conceded with half the staff saying the client could be outside alone and the other half saying he couldn't, there was a staff training problem. Both agreed staff needed to be trained to the extent they all know client supervision levels and can consistently provide the required levels. The DOHS indicated one small sentence in the ICP regarding supervision was not enough clear direction for staff, especially for a client who needed a tracking device in his shoe due to potential elopement.</p> <p>The investigation of 92538-I resulted in a determination of IJ. The facility was notified of the IJ 3/16/21 at approximately 9:30 a.m. The facility implemented a plan, which included revisions to the individual's individual program</p>			

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	plan and retraining of staff. The IJ was removed 3/18/21 at approximately 11:30 a.m.			
FACILITY RESPONSE:				

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