

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AADS503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/19/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MILESTONES ADULT DAY HEALTH CENTER

**1725 O AVENUE NW
CEDAR RAPIDS, IA 52405**

AUG 09 2018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Adult Day Service Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of participants without cognitive disorder: 91 Number of participants with cognitive disorder: 18 Total census of Adult Day Service Program: 109 The following regulatory insufficiency was cited during the Investigation of Incident #76490-I.	A 000	A144 It is the policy of the facility to develop service plans for each participant to meet the specific service needs of the individuals served, and to update them at least annually and as needs change. The social worker and director will meet to review the care plans of participants who are deemed an elopement risk and may decline to wear the wander guard bracelets. The care plans of participants identified will be revised to address their specific needs, in consultation with any involved caregivers or responsible parties, including steps to be taken by center staff should the participant decline the wander guard. All staff will be trained on the revised care plans. Personnel contributing to the development and implementation of care plans will receive training on care plan development and their role in participant support including identifying specific needs to be included in care plans based on staff observation, evaluation, and participant/family input. The director will monitor for compliance. Completion date: 8/17/2018	
A 144	481-70.26(1) Service Plans 481-70.26(231D) Service plans. 70.26(1) A service plan shall be developed for each participant based on the evaluations conducted in accordance with subrules 70.22(1) and 70.22(2) and shall be designed to meet the specific service needs of the individual participant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure specific need areas were addressed in the care plan for 1 of 1 participants reviewed who eloped from the building (Participant #1). Findings include: Review of a Participant Incident Report dated 6-4-18 at 10:10 a.m. revealed Staff A left the	A 144		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Flora Thompson Director 8/15/18

TITLE

(X6) DATE

✓ *DD* 8/15/18

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A 144	Continued From page 1 center for an outing and observed Participant #1 walking on the road. She called the center and reported it to Staff C. Staff C notified the Director and they both left the building to look for the participant. Staff C walked and the Director drove her car. Participant #1 was spotted a few houses away walking towards the center. Review of the Home Care Schedule Check In/Out Report revealed Participant #1 arrived at the center at 9:15 a.m. that day. The WanderGuard Bracelet Client Check In form for Participant #1 revealed her bracelet was put in place at 10:35 a.m. by Staff B. Observation revealed the Program was located in a residential area on a two lane street with a speed limit of 30 mph. Google Maps revealed the participant was .21 miles away from the center when observed. The investigation revealed the participant walked along the street and not on a sidewalk. The temperature on 6-4-18 at 10:00 a.m. was 70 degrees according to Wunderground.com. On 7-18-18 at 11:59 a.m. Staff A stated she left the premises in the van for an outing around 10:00 a.m. on 6-4-18. She stated she noticed Participant #1 walking in the road. She stopped and called the center and told Staff C that Participant #1 was outside walking back to the center. On 7-18-18 at 12:24 p.m. Staff D confirmed she greeted Participant #1 on 6-4-18 when the participant arrived and stated she was agitated and refused to wear the WanderGuard bracelet. Staff D took the participant to the dining room area and explained to Staff B she was upset and to watch her until she calmed down. Staff D	A 144		

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A 144	Continued From page 3 were to keep eyes on that person. On 7-18-18 at 11:46 a.m. the Director stated Staff C notified her about Participant #1 being seen walking down the road by another staff. The Director got in her car and Staff C walked to find her. Participant #1 was spotted a few blocks from the center walking towards the building. Staff D told her after the incident that Participant #1 refused to wear the WanderGuard bracelet when she arrived that morning. The Director stated she trained staff that the person who greeted the participant upon arrival was responsible to make sure the WanderGuard bracelet was put in place for those who required one. If the person refused to wear it then all staff were to be notified in order to keep eyes on that person at all times Record review on 7-18-18 revealed Participant #1 was admitted to the Program on 7-25-17 with diagnoses including Alzheimer's disease, major depressive disorder, and anxiety. Review of a Mini Mental State Exam dated 7-14-17 revealed she scored 13 out of 30 and scored 5 on the Global Deterioration Scale which indicated moderate cognitive impairment. Review of a Health Assessment dated 4-23-18 revealed behaviors of wandering, resisting cares, violence, anxiety and a lack of awareness of her own needs. The care plan dated 7-25-17 revealed she was a high risk for elopement and required a WanderGuard bracelet as ordered from her Primary Care Provider. The care plan did not include any information or directives for staff regarding what to do when the participant refused to wear the WanderGuard bracelet.	A 144			

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A 144	Continued From page 2 stated she told Staff B that Participant #1 refused to wear her WanderGuard bracelet. Staff D felt she was no longer responsible for Participant #1 because she left her with Staff B. She knew Participant #1 had a history of elopement when upset and stated the person assigned to the lobby area should have noticed her exiting. She stated she was not sure what to do when the participant refused to wear the WanderGuard bracelet. On 7-18-18 at 12:53 p.m. Staff B stated she did not recall the day of the elopement specifically. She stated that if Staff D brought Participant #1 to her and said she refused to wear the WanderGuard she would have attempted to put it on like she had done at other times. It was not unusual for Participant #1 to refuse to put on the bracelet when arriving at the center. On 7-18-18 at 11:35 a.m. Staff C stated she received a call from Staff A regarding Participant #1 walking on the road. She notified the Director and they both went to go look for her. Staff C walked to the road and when she came to the top of the hill she was able to see Participant #1 walking towards her a short distance away. Participant #1 was agitated and yelled at Staff C to leave her alone and get away as she continued to walk back towards the center. Staff C walked behind her until she was inside the building. Staff C stated the participant did not have her WanderGuard bracelet on but allowed one to be put on after she returned. She said Participant #1 had a history of exiting the building and required the bracelet for safety. She stated they were trained that if a person refused to wear the bracelet, another staff should try to convince the participant to wear it. If not successful, staff	A 144			