✓ 4/9/19

PRINTED: 03/20/2019
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0307	A. BUILDING: _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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 Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 5 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 Total Census of Assisted Living Program for People with Dementia: 46 No regulatory insufficiencies were cited during the investigation of Complaint 81275-C. The following regulatory insufficieny was cited during the investigation of Incident 81675-I.	A 000	Please see attached document.	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director

STATE FORM 6899 48UG11 If continuation sheet 1 of 4

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0307	A. BUILDING: _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the policy and procedures for door alarms for 1 of 1 tenants identified in self-reported incident 81675-I (Tenant #1). Findings follow: On 2-15-19 the facility self-reported Resident #1 (age 84) exited the dining room door in the memory care unit on 2-14-19. Although the door alarm sounded staff did not respond as she believed it was an alarm in the general population area of the Program. A second staff who returned from break a few minutes later heard the alarm and found Tenant #1 outside on the sidewalk. The tenant was outside for approximately 5 to 10 minutes. Review of an Incident Report dated 2-14-19 revealed Tenant #1 exited the building through a dining room door in the memory care unit and was found by staff at 6:10 pm. A physical assessment revealed vitals were within normal limits and no injuries were noted. Review of Tenant #1's file indicated he resided in the memory care unit. Record review of Global Deterioration Scale dated 9-20-18 revealed a score of 5 and indicated an inability to survive without assistance. The tenant's care plan dated 9-20-18 revealed he exhibited exit seeking behaviors and required redirection. Charting Notes and Behavior Reports indicated 2 episodes of exit seeking on 2-14-19.	A 003		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0307	A. BUILDING: _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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 003	Continued From page 2 On 3-5-18 at 6:00 p.m. Staff A stated she had worked in the memory care unit previously but 2-14-19 was the first time she was assigned as medication manager. She stated she became flustered looking for supplies for a nebulizer treatment. She was in a tenant's room approximately 75 feet down the hall from the dining room when she heard a faint alarm. She assumed it was the front door for the general population area and failed to respond to it as trained. Staff B radioed a couple of minutes later on the walkie that Tenant #1 had exited the dining room door and eloped. She admitted she should have responded to the alarm or at least called for assistance on her walkie to alert other staff to check the alarm. On 3-5-19 at 1:45 p.m. Staff B stated he returned from break and heard an alarm in the memory care unit. He immediately checked the dining room door and observed Tenant #1 outside approximately 50 feet away. He approached Tenant #1 and asked him to come back inside then radioed for assistance. Staff B stated it was very cold and icy and Tenant #1 wore a shirt, pants, socks, shoes, but no coat. According to the state climatologist the weather on 2-14-18 at 6:00 p.m. in Sioux City was 10 degrees F with a wind chill of -9 degrees F, relative humidity 66%, wind speed 21 miles per hour (mph) out of the north-north west (NNW) with peak gusts of 30 mph. Review of the Program's Alarmed Door Policy and Procedure for Locked Memory Unit revealed staff were required to immediately respond to any alarm to perform a physical check of the area to ensure no tenant had exited the unit.	A 003		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0307	A. BUILDING: _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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 003	Continued From page 3 Review of Acknowledgement of Review Form dated 4-11-18 revealed Staff A received training on Alarm Door Policy and Procedures. On 3-5-19 at 2:10 p.m. the Assistant Director of Nursing (DON) stated the policy and procedure for door alarms required staff to respond immediately to ensure all tenants were accounted for. She stated if a staff could not leave a tenant they were to radio for assistance and not ignore any alarm. She assessed Tenant #1 after he eloped and vitals were within normal limits and his skin and extremities appeared normal. She stated he wore a t-shirt, flannel shirt, pants, socks and shoes.	A 003		

4/9/19

Plan of Correction for Whispering Creek
In Response to
Complaint/Incident Investigation Report
April 8th, 2019

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared is prepared and/or executed solely because it is required by the provisions of state law.

Regulatory Insufficiency: 481-67.2 Program policies and procedures

481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

1. **Elements detailing how the Program will correct each regulatory insufficiency.**

    a. **Re-education with employees, Inservice for all staff on elopement policy and procedure**
    b. **Elopement Drills**
    c. **Updated door alarms on dining room exit door/patio exit door**

2. **What measures will be taken to ensure the problem does not occur.**

    a. **Quarterly elopement drills, first drill to be completed in March 2019**
    b. **Arial door alarms placed on dinning room exit door and patio exit door to alarm to staff pagers**

3. **How the Program plans to monitor performance to ensure compliance.**

    a. **Quarterly elopement drills**
    b. **Training for new hires on door alarm system**

4. **The date by which the regulatory insufficiency will be corrected.**

    a. **All parts of the regulatory insufficiency have been or will be implemented by March 31st, 2019**

Respectfully Submitted,

Jacqueline Kreber-Executive Director

4/5/19