

**Iowa Department of Inspections and Appeals
Health Facilities Division
Adult Services Civil Penalty Citation**

Date: December 24, 2019
Program Name: Countryhouse Residences
Address: 1831 Kaneville Blvd Council Bluffs, IA 51503
Type of Action: Investigation #86497-C
Date(s) of Action: 10/15/19 – 10/16/19

State Rule #	State Rule	Amount of Civil Penalty
69.32(2)	<p>481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.</p> <p>Based on observations, interview and record review the Program failed to consistently ensure an operating alarm system existed on the exit door. This affected 1 of 1 tenant (Tenant #1) identified in incident investigation 86497-I. Finding follows:</p> <p>Record review on 10/16/19 revealed an Incident Report dated 9/16/19. Tenant #1 had been redirected to the movie room. Staff returned to check on on Tenant #1 approximately 10 minutes later and noted Tenant #1 was no longer in the movie room. Staff checked A side hallway and rooms and were unable to locate the tenant. Staff checked B side hallway and rooms and noted the North door was unlatched. Staff did not locate the tenant within the building. Staff notified Program nurse of possible elopement. While staff were on the phone with the Program nurse Council Bluffs Police Department called to report they had picked up Tenant #1 on Kanesville boulevard and were in route to return Tenant #1 to the Program. Tenant returned with no noted injuries and denied pain.</p> <p>Record review revealed Tenant #1 staged at a six on the Global Deterioration Scale. Tenant #1's Service Plan, dated 9/22/19, indicated Tenant #1 required 24-hour supervision and further noted the tenant may wander throughout the halls and other tenant rooms throughout the night. A motion sensor had been placed in Tenant #1's doorway to alert staff of the tenant's wandering from his room.</p> <p>When interviewed on 10/15/19 at 5:30 p.m. Staff A said Tenant #1 had been seated in the movie room around 7:30 p.m. She was administering medications when a call came over the walkie talkie asking about Tenant #1's whereabouts. She said they called the nurse and began to search the building for Tenant #1. Staff A said she did not hear the alarm announce the North door had been opened.</p> <p>When interviewed on 10/15/19 at 5:40 p.m. Staff B said Tenant #1 had been seated in the movie room around 7:30 p.m. and when Staff C said she couldn't locate him, they started a search of the building and during the search staff noticed the North door was not latched. Staff B</p>	\$2000.00

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	<p>said she did not hear the alarm announce the North door had been opened and had not noticed Tenant #1 exit seeking earlier in the day.</p> <p>When interviewed on 10/15/19 at 5:50 p.m. Staff C said Tenant #1 had been seated in the movie room around 7:30 p.m. and when she checked he was not there. She announced over the walkie talkie and the staff started a search for Tenant #1. During the search they noted the North door was not latched. Staff C said she did not hear the alarm announce the North door had been opened.</p> <p>When interviewed on 10/16/19 at 2:12 p.m. Staff D said Tenant #1 had been seated in the movie room around 7:30 p.m. She went to chart his inappropriate behavior towards another tenant. She said Staff C asked about Tenant #1's whereabouts. Staff started a search for Tenant #1 and noted the North door unlatched. Staff A said the alarm did not announce the North door had been opened.</p> <p>When interviewed on 10/15/19 the Program's Nurse explained the door was closed yet the alarm was not armed when she checked it upon arrival to the Program.</p> <p>Record review on 10/16/17 revealed Care History For Building which documented a door check was performed at 3:12 p.m. on 9/16/19.</p> <p>When interviewed on 10/16/19 at 2:20 p.m. the Executive Director confirmed the Program did have a policy/protocol to ensure exit door alarms were functioning properly. She explained that staff had been checking the door alarms but the Program had not developed a policy/protocol that included documenting the checks of door alarms.</p>	
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