Citation Number: 6646					Date: Septem	nber 8, 2017
		Fine amount reduced by 35% to \$2,600.00 on October 9,				
Facility Name: Faith Hope and Charity		2017 pursuant to Iowa Code Section 135C.43A	Survey I August		017	
Facility Address/City/State/Zip 1815 West Milwaukee Street						
Storm Lake, IA. 50588		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
64.60(135C) W189	conditions of participa Part 483, Subpart D effective October 3, 19 and incorporated as p these regulations is a Health Facilities Inspections and Ap Building, Des Moines, Classification of violar determined by the div 481-Chapter 56, Fining fine to cite a facility. This rule is intended t Section 135C.2(3). DESCRIPTION: 483.430e(1) STAFF TR The facility must prov initial and continuing employee to perform I efficiently, and comper DESCRIPTION: 481-64.60(135C) Fede conditions of participa Part 483, Subpart D effective October 3, 19 and incorporated as p	tions is I, II, and III, ision using the provision in g and Citations," to enforce a o implement Iowa Code CAINING PROGRAM ide each employee with training that enable the his or her duties effectively,		\$4000	.00	Upon Receipt

Facility Administrator

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Health Facilities Division, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319. 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. This rule is intended to implement Iowa Code Section 135C.2(3). 483.430e(1) STAFF TRAINING PROGRAM	
The facility must provide each employee with initial and continuing training that enable the employee to perform his or her duties effectively, efficiently, and competently. DESCRIPTION:	
Based on interview and record review, the facility failed to ensure staff competently and effectively completed duties pertinent to ensure client safety. This affected 1 of 1 client (Client #1) identified as a result of 69623-I.	
Finding follows: Record review on 8/21/17 revealed a facility investigation regarding Client #1 found by the maintenance shed/back door of the facility on 6/24/17. Client #1 walked towards the parking lot. Staff A noticed Client #1 and walked with him/her back to the home. The recommendation section of the	

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Page 3 of		investigation noted, "The gate was not checked in the morning which if done would have prevented this incident." The Incident/Accident Report, dated 6/24/17 at 10:00 a.m., explained Staff A returned to the facility from an outing and found Client #1 outside of the gate/fenced in area of his/her home. No injuries noted. Record review revealed Client #1, 16 years old, admitted to Faith, Hope and Charity on 8/7/2012. The client's Individual Service Plan (ISP), completed 10/25/16, listed the following diagnoses: severe to profound intellectual disability with developmental delays, attention deficit hyperactivity disorder (ADHD), pervasive developmental disorder, disruptive behavior disorder, receptive language disorder, seizure disorder and insomnia. The document noted Client #1's supervision requirements as: "can be outside in a secure area with staff checking every few minutes." Record review also revealed Client #1's Comprehensive Functional Assessment, completed October 2016. The survival skills section revealed Client #1 required staff support in the following areas: identify crosswalk, operate crosswalk button at stoplight, know to cross the street at the crosswalk, identify stop lights and signs, understand and use stop lights and signs, yield to traffic when necessary in a parking lot, know when to look for cars and when to cross to the store."			
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Facility Administrator

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When interviewed on 8/21/17 at 1:50 p.m. Shift Leader A confirmed Client #1 walked outside for 30-45 seconds then was returned by another staff. She also admitted she did not check the gate or chain that morning as instructed per training.		
Interview with Staff B on 8/21/17 at 2:15 p.m. revealed she failed to check the gate lock also. She admitted the gate check was to be completed at 6:00 a.m., 2:00 p.m., and 9:00 p.m.		
When interviewed on 8/22/17 at 9:35 a.m. Staff C stated she was assigned to Client #1 on 6/24/17. The client tried to take peers iPads and she suggested he/she go swing for a few minutes before bathing. The client went outside as she prepared the shower. She was going out to get the client when another staff brought the client to the back door stating the client was outside the fenced in area. She stated the client wore a t-shirt and blue pajama pants without shoes. She admitted she did not check the gate or chain that morning as she was trained to. She confirmed it was "a mistake on our part for not checking the gate."		
Observation of Client #1 on 8/21/17 at 11:15 a.m. revealed he/she walked independently to a car to leave for a visit. Client #1 opened the car door and independently sat in the seat. He/She manipulated a small toy staring at the item.		
Observation on 8/21/17 at 5:30 p.m. revealed a fenced in area behind the home. The fenced backyard		Page 4 of

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contained a swing and a sidewalk leading to a fence type gate with a chain and pad lock. The pad lock was locked around a chain to hold the gate to the fence. The sidewalk led to a cement area between the main building and a maintenance shed. The area beyond the cement area led to a parking lot. Approximately 85 yards from the area where Client #1 stood was Highway 7, a two lane busy highway with a speed limit of 50 miles per hour.		
According to weather underground it was clear with a temperature of 64.4 at 9:55 a.m. in Storm Lake on 6/24/17.		
Record review on 8/21/17 revealed a "Gate check-off" form from 6/14/17 to 6/26/17. The form instructed staff to check the gate lock at 6:00 a.m., 2:00 p.m., and 9:00 p.m. The document for 6/24/17 lacked initials for all three check times. Additionally, all three check times lacked initials for completing the checks on 6/19/17 and 6/20/17.		
Further record review noted a document titled, "AM Leadership Daily Duties," undated. The form included checking the gate lock and initialing the form.		
When interviewed on 8/22/17 at 10:20 a.m. the Residential Director stated the above Leadership form was the only policy/procedure she knew of for the gate security. She explained the form to initial contained instructions for completion. She admitted the form lacked initials for checking the gate on the above		
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dates.		
FACILITY RESPONSE:		

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