# Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | |
|---|---|---|---|
| **Citation Number:**<br>**6823** | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | **JKM** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| **58.28(3)e** | **481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)**<br><br>**58.28(3) Resident safety**<br><br>**e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)**<br><br>**DESCRIPTION:**<br><br>Based on observation, record review, and interview, the facility failed to provide adequate nursing supervision to protect against hazards from self, others, or elements in the environment for 1 of 2 residents in the facility with a history of wandering (Resident #1). The resident eloped (a person with impaired decision-making ability exiting the building without staff knowledge or authorization). This created a risk of serious injury, harm or death for residents with like conditions. The facility reported a census of 46 residents.<br><br>Findings:<br><br>1. According to the MDS (Minimum Data Set) assessment tool dated 4/15/18, Resident #1 had diagnoses that included non-Alzheimer's dementia. The MDS documented the resident required supervision of 1 staff for transfers, walking, and eating, limited assistance of 1 staff for bed mobility, dressing, | **I** | **$3750**<br><br>**(Held in Suspension)** | **Upon Receipt** |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

# Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | |
|---|---|---|---|
| **Citation Number:**<br>**6823** | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | | | |
| | **JKM** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | and personal hygiene, and extensive assistance of 1 staff for toilet use and bathing. The MDS listed the resident's cognition as severely impaired and documented the resident exhibited fluctuating periods of inattention.<br><br>Review on 6/20/18 at 12:50 p.m. of the facility's video surveillance of 6/3/18 revealed the following:<br><br>*At 6:36 p.m., an interior camera showed the resident walked toward the North Door.<br>*At 6:39 p.m., an exterior camera showed the resident walked out of the facility to the middle of the north parking lot located on the side of the building.<br>*At 6:41 p.m., an exterior camera showed the resident walked to the north side of the east parking lot located in front of the building.<br>*At 6:43 p.m., an exterior camera showed the resident walked to the south side of the east parking lot located in front of the building. The resident touched the door handle of a vehicle briefly.<br>*At 6:44 p.m., an exterior camera showed the resident walked toward the front door, but then briefly headed south (away from the direction of the door) before heading back toward the building. The vehicle of a visitor pulled into the parking lot.<br>*At 6:46 p.m., an exterior camera showed the resident near the front door alongside visitors.<br>*At 6:47 p.m., an interior camera showed the resident inside the facility in the dining room.<br><br>During an observation on 6/20/18 at 1:00 p.m., the surveyor requested the Administrator to open the north | | | |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

# Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | | |
|---|---|---|---|---|
| **Citation Number:**<br>**6823** | | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | **JKM** | | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | door while the surveyor went into Room 313 (midway down the hallway) and closed the door. When the alarm sounded, the surveyor could hear it only faintly. Room 313 was quiet and empty with no television sounding.<br><br>An observation of the front door (where the resident re-entered the building on the evening of the elopement) revealed the door required an enter code in order to open.<br><br>A Wandering Assessment, dated 4/13/18, displayed a "yes" answer for the following 5 questions:<br><br>1. "Has the resident wandered? Did the resident wander at home, in previous living setting; family/significant others voiced concerns?"<br>2. "Does the wandering place the resident at significant risk of getting to a potentially dangerous place (stairs, outside the facility)?"<br>3. "Is the resident cognitively impaired with poor decision making?<br>(poor decisions, cueing needed, intermittent confusion, inattention, disorganized thinking)?"<br>4. "Does the resident have visual, auditory, or communication deficits?"<br>5. "Does the resident have a diagnosis of dementia, Alzheimer's, anxiety, depression, schizophrenia, OBS (Organic Brain Syndrome-a form of decreased mental function due to a medical or physical disease, rather than a psychiatric illness. This differs from dementia), delusions, or hallucinations?" | | | |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

# Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | |
|---|---|---|---|
| **Citation Number:**<br>**6823** | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | | | |
| | **JKM** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | The assessment directed more than 3 "yes" answers indicated a "definite risk for elopement".<br><br>A nursing note entry, dated 5/24/18 at 10:02 a.m., documented the resident wandered into another resident's room and staff directed her to her own room.<br><br>A nursing note entry, dated 5/24/18 at 10:19 a.m., documented the resident visited 4 other resident's rooms and wandered in the hallway. Staff redirected the resident back to her own room.<br><br>The Interim Care Plan, dated 9/15/16, documented the resident "may wander outside-did at home".<br><br>Review of the current care plan revealed the following:<br><br>*10/9/17 entries stated the resident had severe cognitive impairments and confusion and directed staff to direct the resident to the correct room as needed.<br>*A 6/10/18 entry stated the resident liked to wander and directed staff to check on the her hourly to ensure safety.<br>*A 2/23/18 entry stated the resident walked throughout the facility with a walker with supervision of staff.<br><br>An undated document, provided by the Administrator on 6/21/18, listed 2 residents in the facility who wandered.<br><br>The undated facility policy "Door Alarm: Potential Resident Elopement" directed staff when a door alarm sounded or pager alerted, the staff closest to the | | | |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

| | | | |
|---|---|---|---|
| **Citation Number:**<br>**6823** | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | | | |
| | **JKM** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | alarming door were to radio to the charge nurse to indicate they would check the door. The policy indicated the charge nurse was responsible for ensuring staff checked into the reason for door alarms.<br><br>During an interview on 6/20/18 at 10:49 a.m., Staff E, Housekeeper, stated she observed two visitors bring the resident back into the facility the night of the elopement. She stated she had a hearing impairment so could "not really" hear the door alarms.<br><br>During an interview on 6/20/18 at 12:00 p.m., the Administrator stated she was out of state at the time of the incident but said her understanding was that no staff observed the resident leave although video showed the resident outside for a total of 9 minutes. She reported a visitor let the resident inside. The Administrator also reported the resident left via the north door and the door alarm sounded for 40 minutes before staff deactivated it; staff were busy at the time.<br><br>During an interview on 6/20/18 at 12:50 p.m. prior to viewing the facility video, the Administrator stated the time stamp of the hour was 1 hour off but the minutes were correct.<br><br>During an interview on 6/20/18 at 12:55 p.m., the Administrator stated at the time of the elopement the pagers of the 3 CNAs (Certified Nursing Assistants) and the nurse alerted when the north door opened.<br><br>During an interview on 6/20/18 at 1:33 p.m., Staff A RN (Registered Nurse) stated when a door opened, | | | |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

# Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | |
|---|---|---|---|
| **Citation Number:**<br>**6823** | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | | | |
| | **JKM** | | |

| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |
|---|---|---|---|---|
| | the doors alarmed but she could not hear the alarm in a resident room with the door closed. She stated the staff pagers also alarmed when doors opened and then alarmed again in 5 minute intervals and a message would show up on the pager. She stated in the old building the resident would "occasionally" try to get out the front door, but wore a wanderguard. She reported in the new building, the resident did not wear a wanderguard and she had never seen her try to leave the building.<br><br>During an interview on 6/20/18 at 1:41 p.m., the Office Manager stated in the old building, the resident wore a wanderguard and would approach the door but did not attempt to leave. She stated she did not know the resident's intentions when she went up to the door. She stated in the new building she did not see the resident try to exit.<br><br>During an interview on 6/20/18 at 1:46 p.m., the DON (Director of Nursing) stated in the old building, the resident wore a wanderguard and would get close enough to the doors to activate the wanderguard alarm. She reported she had never seen the resident display exit-seeking behavior in the new building. The DON stated after the incident, the messages on the pagers were changed to make them easier for staff to understand. She said the way the pager system worked was the pager sounded initially and then sounded in 5 minute intervals until the door was reset.<br><br>During an interview on 6/20/18 at 2:50 p.m., Staff B, CNA reported she worked for a Staffing Agency the | | | |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

# Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | | |
|---|---|---|---|---|
| **Citation Number:**<br>**6823** | | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | **JKM** | | | |
| **Rule or Code Section** | **Nature of Violation** | **Class** | **Fine Amount** | **Correction date** |
| | facility utilized and the night of the resident's elopement was her first night in the new building. She had worked in the facility's old building. She thought she heard the alarm of the door the resident exited, but it was very soft. She reported she was not familiar with the pager system or the door alarms and received no training or education regarding this prior to her shift. She stated at one point in the evening she saw Staff C checking doors, and later found out a visitor had found a resident.<br><br>During an interview on 6/20/18 at 3:19 p.m., the DON stated prior to the incident she did not personally educate new agency staff regarding door alarms and pager alarms. The CNAs did this, but did not have a guideline for what they should go over for orientation. She stated since the elopement, she trained each staff member and has them sign an orientation checklist.<br><br>During an interview on 6/21/18 at 11:14 a.m., Staff D LPN (Licensed Practical Nurse), an agency staff member, stated she was a nurse but worked in the capacity of a CNA the night of the incident. She stated at the time of the incident, she was on break and didn't check her pager during that time, but the situation was under control when she returned to the floor. She stated the night of the elopement was her first night working in the facility and she went into her shift "knowing nothing". She reported she had no idea how to work the pagers, so on her second night working she inquired about this. | | | |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

## Iowa Department of Inspections and Appeals
## Health Facilities Division
## Citation

| | | | | |
|---|---|---|---|---|
| **Citation Number:**<br>**6823** | | | | **Date:**<br>**July 13, 2018** |
| **Facility Name:**<br>**Savannah Heights** | | **Survey Dates:**<br><br>**June 20-21, 2018** | | |
| **Facility Address/City/State/Zip**<br><br>**601 S Prairie St**<br>**Mount Pleasant, IA 52641** | **JKM** | | | |
| **Rule or Code Section** | **Nature of Violation** | **Class** | **Fine Amount** | **Correction date** |
| | **FACILITY RESPONSE** | | | |



_____ _____

Facility Administrator Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**