

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

Citation Number: 6858	Fine amount reduced by 35% reduction to \$2,600.00 on October 12, 2018. Pursuant to Iowa Code Section 135C.43A	Date: October 1, 2018					
Facility Name: Faith, Hope and Charity		Survey Dates: August 22 & September 18, 2018					
Facility Address/City/State/Zip 1815 West Milwaukee Street Storm Lake, Iowa 50588							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Rule or Code Section</td> <td style="width: 45%; text-align: center;">Nature of Violation</td> <td style="width: 10%; text-align: center;">Class</td> <td style="width: 15%; text-align: center;">Fine Amount</td> <td style="width: 15%; text-align: center;">Correction date</td> </tr> </table>	Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date		
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64.60(135C) W149	<p>481—64.60(135C) Federal regulations adopted—conditions of participation. Regulations in 42 CFR Part 483, Subpart D, Sections 410 to 480 effective October 3, 1988, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the 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 provisions 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).</p> <p>§483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>DESCRIPTION:</p>	I	\$4000	UPON RECEIPT
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	<p>Based on interviews and record reviews, the facility failed to provide an environment free from neglect. The facility failed to ensure adequate and appropriate supervision of clients; as a result, Client #1 was locked outside of the home for approximately five hours. This affected 1 of 1 client identified as and potentially affected all clients living in the facility.</p> <p>Finding follows:</p> <p>Record review revealed the following:</p> <p>a. The diagnosis of Client #1, age 14 at the time of the incident, included: Moderate Intellectual Disability, Attention-Deficit Hyperactivity Disorders, and Autistic Disorder.</p> <p>b. Client #1's shift summary dated 8/17/18, indicated, Temporary Agency Staff (TA) A came in at 10:00 p.m. and received report from staff. The other 3:00 p.m. staff who had worked in Hope Home had already left the facility. Staff reported all of the residents were in bed. After he left, TA A completed</p>			
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	<p>rounds. TA A noticed Client #1 not in his room and his bed still made. TA A assumed he had gone for a home visit, considering the fact sometimes this type of information did not get reported to TA A when she came in to do her overnight shifts. TA A resumed with her regular overnight tasks. TA A heard noises outside in the backyard, which sounded similar to wind pushing against the backyard door. TA A paused to listen, but did not hear anything else. At around 1:00 a.m. TA A heard a voice in the distance, so she did another round of checking beds. TA A saw Client #2 awake in his room and asked if he was the one making noises. He responded "Yes." At 2:00 a.m. TA A checked Client #3. She was dry and refused to go to the bathroom. TA A walked to the living room, where she looked out the living room window due to hearing someone trying to open the backyard door. TA A noticed Client #1 standing outside in the backyard. TA A immediately contacted nursing by calling them. TA A and nursing unlocked the backyard door to let Client #1 in. Client #1 walked straight to his room, laid down, and covered himself with his blanket. TA A</p>			
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	<p>noticed Client #1 shivered.</p> <p>c. Facility investigation, dated 8/20/18, included the following discussion points: "</p> <p>1. According to (DSP C) she checked the backyard gate lock and locked the back door at 9:00 PM. Once locked the only way the door opens from either side was if the fire alarm system was activated. (Client #1) has to have been out in the back yard for at least 5 hours (9:00 PM - 2:00 am).</p> <p>2. The night nurse did understand and help the (TA) with our protocol. She already knew she was going to call (Child Protective Services). She stated she was a mandatory reporter.</p> <p>3. Direct Support Professional (DSP) A said she documented the evening of Friday 8/17/18. There was no documentation completed at that time. The documentation for that night was completed on Monday 8/20/18 per the time stamped report. She lied about the documentation.</p>			
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	<p>4. Home Lead (HL) A was notified by the Night attendant of this situation. (HL A) was not new to these situations and does understand the confidentiality and sensitivity of these issues. However staff were noting that she told her staff of the issue, which undermined the integrity of the interviews.</p> <p>5. It is highly unlikely that (DSP B) conducted a bed check in Hope home, based on his statement of every 2 hours checks and his poor recall on census in Hope for that hour he was in Hope home.</p> <p>6. There is no consistent way staff give report to the next shift.</p> <p>7. (ICF/ID Manager) and (Registered Nurse (RN)) tested the back doors to all the homes and found all in working order."</p> <p>d. Residential Services and Supports Guidebook dated 6/16, listed rights of individuals served, "Be free from abuse and neglect."</p>			
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	<p>e. Record review revealed facility policy dated 4/2017 for Mandatory Reporter. The policy defined denial of critical care as "failure on the part of the person responsible for the care of a child to provide for the adequate food, shelter, clothing or other care necessary for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so. Denial of critical care is the failure to provide for the child's basic needs. Iowa emphasizes seven types of denial of critical care where the child's caretaker fails to provide adequate: food and nutrition, shelter, clothing, health care, mental health care, emotional care, supervision, response to life threatening conditions (infants)."</p> <p>According to website, wunderground.com, on 8/18/18 at 2:00 a.m. the temperature was 63 degrees Fahrenheit (F).</p> <p>When interviewed on 8/22/18 at 1:50 p.m., TA A reported she worked at the facility since May and worked two to three nights a week. On 8/17/18, TA A arrived at the facility at 10:00 p.m. She stated the staff she replaced</p>			
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	<p>reported everyone asleep. According to TA A, communication between shifts was not good, so the first thing she completed was bed checks. During the bed checks, TA A noted Client #1's bed was empty, the covers were neatly on the bed, and the room was clean. TA A assumed Client #1 was gone on a home visit because it had happened before. She explained how she found empty beds before and confirmed the clients were on a home visit. TA A stated they had a shift communication book, but the documentation was not always accurate. She stated she should have called another staff to confirm Client #1 was out of the facility on 8/17/18. TA A reported she assisted the girls with the bathroom and/or personal cares at 12:00 a.m., 2:00 a.m., and 4:00 a.m. She assisted the boys between those times, but they are more independent. She stated Client #1 usually slept through the night and was independent with the bathroom. On 8/17/18, TA A completed her regular duties. Around 12:00 a.m. and 1:00 a.m., she kept hearing things. TA A described the sounds like the wind hitting the window. TA A stopped and listened to find out where the noise came</p>			
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	<p>from and the noise would stop. TA A thought she was getting "creeped out." At approximately 1:00 a.m., TA A heard a voice. TA A went into Client #2's bedroom and asked him if he made the sound. Client #2 stated yes. At approximately 2:00 a.m., TA A checked Client #3, walked out of her bedroom, and heard someone pulling on the door. TA A looked out the window and observed what looked like Client #1 shivering. TA A called the nurse and went to get the keys to unlock the door. She called Licensed Practical Nurse (LPN) A and told her there was a boy in the backyard. LPN A came into the home and the fourth key they tried opened the back door. Client #1 walked straight to his bedroom and got into bed. TA A stated she checked the locked window and assisted Client #1 with a blanket. LPN A asked if Client #1 needed another blanket, but did not complete an assessment. The temperature was approximately 60 degrees and Client #1 wore shorts and a t-shirt. LPN A instructed her to notify administrator on-call and left the home. According to TA A, she tried to call the administrator on-call three times, left a message, and never got a</p>			
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	<p>response. At approximately 5:30 a.m., TA A talked to Home Lead (HL) A, who told her she would be in to work shortly. TA A stated she was not sure what to do, but she completed documentation about the incident. When the morning shift arrived, they instructed TA A to complete an incident report. Client #1 had an assessment by a nurse at 6:00 a.m. TA A was unsure if Client #1 stopped shivering, but she stated she checked on him every 15 to 20 minutes.</p> <p>When interviewed on 8/22/18 at 9:45 p.m., LPN A reported during the overnight she covered for breaks in the Love and Hope homes. She stated at approximately 2:15 a.m., she was in Love home when TA A called her and stated she thought someone was outside. LPN A walked over to Hope home and assisted TA A to unlock the door. LPN A remembered the light on the door was red, indicated the door was locked. LPN A thought Client #1 wore a t-shirt and pajama pants, but remembered she observed his lower legs. LPN A stated she was able to see Client #1's lower legs and arms before he jumped into bed. LPN A denied Client #1</p>			
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	<p>shivered, although he was probably chilled. LPN A stated Client #1 did not have goosebumps. The temperature was approximately 60 degrees. Client #1 ran to his bed and covered up. LPN A felt that was best assessment she could get. She thought she would not be popular if she had Client #1 uncover and undress. LPN A stated Client #1 seemed anxious to go to bed and seemed fine.</p> <p>When interviewed on 8/22/18 at 3:25 p.m., DSP A reported on 8/17/18 the entire shift was stressful. DSP A had responsibility for Client #1 and Client #3. During the evening meal, Client #4 got into an argument with DSP D. DSP A asked DSP D to switch clients with her and DSP D refused. Client #4 did not want DSP D as his staff and had behaviors most of the shift. Between 7:00 p.m. and 8:00 p.m., Client #4 called his parents and Client #4 became upset when his sister picked up his moms phone. At 8:24 p.m., Client #4 started a movie in his bedroom. From 8:00 p.m. to 8:30 p.m., DSP A could see Client #1 outside from the window, but it got dark and DSP D asked</p>			
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<p>Client #1 to come inside. Client #1 was fixated on being outside. DSP A stated usually Client #1 comes inside at night to watch his T.V. in his bedroom, but two days prior Client #1 broke his T.V. DSP A made Client #1 a foam T.V. he did a happy jump, and came in the home. Client #4's bedroom alarm went off at approximately 8:30 p.m. to 8:35 p.m. Between 8:46 p.m. and 8:50 p.m., Client #1 laid down in bed. At 8:50 p.m., DSP A walked into Client #4's bedroom and asked him if he wanted to talk about what was bothering him. DSP D walked in and Client #4 asked if he could go to the living room. DSP D had an attitude. DSP A remembered at approximately 9:00 p.m., she tucked Client #1 into bed. Client #1 got up and shut his bedroom door when DSP A told him goodnight. DSP A believed DSP C locked the back door after 9:00 p.m. because she remembered DSP C asked for the key. DSP A explained the process for checking the gait and locking the doors. She stated they check the locks on two gates in the backyard and then lock the two doors. According to DSP A, the back door would not open after locked. She stated it was possible</p>				
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	<p>for Client #1 to go undetected in the backyard if he stood in the corner of the yard. Although, DSP A stated DSP C was already back in the home when she walked out of Client #1's bedroom. At 9:06 p.m., DSP A checked on DSP B to ensure he was OK before she left. She explained Client #4's behavior plan to DSP B and left the home. DSP A remembered Client #1's bedroom door closed when she left the home. She stated the facility terminated her for falsifying documentation. According to DSP A, she assisted with a client and clocked out at 9:46 p.m. DSP A stated DSP B did not document the 9:30 p.m. bed check and the facility told her if she worked, she should have documented. DSP A stated Client #1 was quiet and walked on his tippy toes. She defined his level of supervision as three to five minute checks. She stated he is visual supervision when he is in the multi-purpose (MPR) or on the Rainbow path. In DSP A's opinion, Client #1 could have left the building when she talked to Client #4. DSP A stated staff completed bed checks every half hour. According to DSP A, when Client #1 left his bed he made it. DSP A remembered</p>			
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	<p>documenting in the shift communication binder before she left the home.</p> <p>When interviewed on 8/23/18 at 10:00 a.m., DSP C reported she checked the backyard gates and locked the back door. She stated she walked back into the home around 9:02 p.m. to 9:03 p.m. DSP C explained how at the end of the night they clean backyard, check gate locks, and lock the door. She stated it was dark outside. She could not remember if the light was working. DSP C drew the surveyor a picture of where Client #1 stood in the backyard. She stated when he stood in the corner it was hard to see him. According to DSP C, Client #1 was very quiet. DSP C explained Client #1's supervision level. She stated when Client #1 was in the backyard, staff should be within visual supervision. They could stand by the window and look out at Client #1. DSP C reported the clients she had responsibility for went to bed at approximately 8:00 p.m. At around 8:30 p.m., DSP C observed DSP A put Client #1 to bed, while she completed her books at the kiosk. DSP D walked to the bathroom with Client #4 and he started to</p>			
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	<p>have behaviors. DSP A assisted Client #4. A little before 9:00 p.m. DSP B took accountability of DSP D's clients while she used the bathroom. Client #4 continued to have behaviors in his bedroom and DSP C turned to see if they needed help. When she turned towards Client #4, her back was towards Client #1's bedroom. After DSP C finished her books, she walked outside, checked the gates, and locked the back door. According to DSP C, she has found Client #1 outside before when checking the gates. DSP C believed Client #1 snuck outside when Client #4 had behaviors and she turned her back. She stated Client #1 was quiet when he walks and he loved outside. DSP C felt bad she did not see Client #1 outside on 8/17/18. DSP C remembered Client #1 wore shorts and a t-shirt. Before DSP C left her shift she told DSP B about Client #4's behavior, checked her clients and told DSP B they were in bed. DSP C grabbed the trash and laundry before walking out of the door and Client #4 came out of his bedroom. DSP C stated DSP A went to the living room with Client #4 and tried to tell DSP B how to handle Client #4's behaviors. DSP B would</p>			
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	<p>not listen and stated he was fine. DSP A stated, "Are you sure?" He replied, "Yes." They left the home at 9:09 p.m. DSP C explained the shift communication. She stated they had a folder to indicate how the shift was or if anyone was on home visits. She stated they should have only had one empty bed on 8/17/18, because that client moved to Love home. DSP C stated Client #4 throws his blanket on his bed and closes his curtain when he gets up. According to DSP C, bed checks start at 8:30 p.m. and continue every 30 minutes throughout the night. DSP C stated the PM (evening) shift complete and document on the 9:00 p.m. bed check. In DSP C's opinion, if DSP A completed the 9:00 p.m. bed check, Client #1 would not have gotten outside.</p> <p>When interviewed on 8/22/18 at 2:15 p.m., DSP D reported on 8/17/18 she did not have Client #1 in her group. According to DSP D, Client #1 had a calm day and did not have any screaming or yelling. DSP D stated Client #1's supervision level was visual when outside. DSP D explained the bedtime routine. She stated the clients start lying</p>			
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	<p>down around 7:30 p.m. Once clients are in bed, they needed checked every half hour. She stated it was a normal evening. Client #1 goes to bed between 7:00 p.m. and 9:00 p.m., depending on how tired he is. On 8/17/18 at around 8:30 p.m., Client #1 was outside, looking in from the window. DSP A watched him from the kitchen table. DSP D could not remember if Client #1 came back inside. She stated she had a hard day with Client #4. His bedroom alarm went off around 8:30 p.m. and she redirected him back to bed. Client #4 asked her to use the bathroom and she walked with him. Client #4 then called his parents, but they did not answer. Client #4 went to bed around 8:50 p.m. DSP B came in and the evening staff gave him a verbal report on each client. DSP D stated she left the home at 9:00 p.m. DSP D explained the shift communication. She stated they had a binder to document on how each client's day went or if they were on a home visit. DSP D could not recall if the binder documentation was completed. According to DSP D, Client #1 wore a t-shirt and pajama pants on 8/17/18. DSP D stated Client #1 could be in his bedroom alone</p>			
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**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 6858	Fine amount reduced by 35% reduction to \$2,600.00 on October 12, 2018. Pursuant to Iowa Code Section 135C.43A	Date: October 1, 2018
Facility Name: Faith, Hope and Charity	Survey Dates: August 22 & September 18, 2018	
Facility Address/City/State/Zip 1815 West Milwaukee Street Storm Lake, Iowa 50588		
Rule or Code Section	Nature of Violation	Class
		Fine Amount
		Correction date

	<p>because his roommate has moved to Love home. DSP D stated since Client #1 had his own bedroom, his door and curtain is closed. DSP D also stated Client #1 was quiet. He is always outside; he takes a pillow and blanket outside and takes naps. DSP D stated when Client #1 gets tired he always comes back inside. According to DSP D, the PM shift completed bed checks every half hour from 8:00 p.m. to 9:00 p.m.</p> <p>When interviewed on 8/22/18 at 8:30 p.m. DSP B reported on 8/17/18 he worked at Hope home from 9:00 p.m. to 10:00 p.m. He stated it was his second time filling in at Hope home and he did not know the client's names. He stated the PM shift reported all clients sleeping except for one and they left at 9:00 p.m. The one client was up talking to DSP B until approximately 9:30 p.m. According to DSP B, no client had behaviors, nor were they in the middle of a behavior when he arrived at 8:55 p.m. DSP B did not observe anyone locking the back door. He also did not know where to locate the keys. He stated two or three staff present when he arrived. He was not sure who was supposed</p>			
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	<p>to be there and who was on a home visit. He stated he completed one bed check at 9:30 p.m. and everybody was in bed. He took PM shift word that everyone was in bed, and stated he should have known how many clients were there. He stated when he completed the bed checks he used a flashlight. DSP B denied hearing anything outside. TA A relieved him at 10:00 p.m.</p> <p>When interviewed on 8/22/18 at 850 p.m., DSP E reported she worked in Hope home on 8/17/18 from 6:00 p.m. to 8:00 p.m. While in the home, DSP E felt like DSP D was on edge and distracted. She stated DSP D was rude, loud, sat on her phone, took personal phone calls and did not engage with her clients. She observed DSP A and DSP C doing extra work. In DSP E's opinion, when she left the home DSP A and DSP C got busy. She stated two staff had to watch seven clients. DSP E explained they locked the doors at 9:00 p.m. and gates checked every shift. According to DSP E, Client #1 will sneak out of the home close to bedtime. She stated Client #1 liked to be in the backyard between 7:00 p.m. and 9:00 p.m.</p>			
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	<p>In public settings, Client #1 will run. He has a bracelet to track him. Client #1 will also break his screen window in his bedroom to get out. DSP E stated Client #1 should be checked every couple of minutes and should not be alone in the MPR. According to DSP E, staff should check his room before leaving the shift. Other behaviors Client #1 displays included Self-injurious behavior, property destruction, and physical aggression. Client #1's bedroom is the farthest from the front door, but able to be monitored if sitting at the kiosk. When DSP E left the home at 8:00 p.m., everyone was still awake. They are required to document in the communication binder after every shift, left open by the kiosk. They document how the shift went for each client and if they are on a home visit. In DSP E's opinion, if Client #1 stood on the side of the building staff would not see him. She stated he is even hard to see during the day when he stood next to the building.</p> <p>When interviewed on 8/27/18 at 4:30 p.m., ICF/ID Manager confirmed the facility neglected to provide adequate and appropriate supervision to Client #1.</p>			
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	FACILITY RESPONSE:			
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