| Citation Numb<br>9024                                | er:   |                |                                   |                    | Date:<br>Decem | ber 17, 2020          |
|--|---|----------------|-----------------------------------|--------------------|----------------|-----------------------|
| Facility Name:<br>Good Samaritan Society - Indianola |   |                | Survey [                          |                    | 0-4-1          | 42,000                |
| Facility Addres                                      | ss/City/State/Zip   |                | Septemb                           | oer 24 –           | October        | 13, 2020              |
| 708 South Jeff<br>P.O. Box 319<br>Indianola, IA 5    |   | JM             |                                   |                    |                |                       |
| Rule or<br>Code<br>Section                           | Natur   | e of Violation | Class Fine Amount Correction date |                    |                | Correction date       |
|  |   |                |                                   |                    |                |                       |
| 58.28(3)e  | <b>481—58.28(135C) Safety.</b> The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and  |                | I                                 | \$5,000<br>(Held i |                | 9/22/20<br>(Past non- |
|  | personnel. (III)  |                | Suspe                             |                    | compliance)    |                       |
|  | 58.28(3) Resident safety  |                |                                   |                    |                |                       |
|  | e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)  |                |                                   |                    |                |                       |
|  | DESCRIPTION:  |                |                                   |                    |                |                       |
|  | Based on observation, record review and staff interviews, the facility failed to provide adequate supervision and proper use of assistance devices to mitigate a resident's risk for elopement (when a resident leaves the facility without staff knowledge or permission). The facility failed to ensure kitchen doors remained securely locked at all times, failed to check a door alarm properly to ensure all residents are accounted for and failed to have policies and procedures in place to address what to do when responding to a door alarm. (Resident #3). The facility reported census was 86 residents. |                |                                   |                    |                |                       |

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 lowa Code section 135C.43A (2013).

| Citation Number 9024                                       | er:   |  |          |          | Date:<br>Decemb | per 17, 2020       |
|--|---|--|----------|----------|-----------------|--------------------|
| Facility Name:<br>Good Samaritan Society - Indianola       |   |  | Survey I |          | October         | 13. 2020           |
| Facility Addres  | ss/City/State/Zip   |  | Соргони  |          |                 | ,                  |
| 708 South Jefferson<br>P.O. Box 319<br>Indianola, IA 50125 |   | JM   |          |          |                 |                    |
| Rule or<br>Code<br>Section                                 | Nature of Violation   |  | Class    | Fine A   | mount           | Correction date    |
| <u> </u>   | Г   |  |          | <u> </u> |                 |                    |
|  | Findings include:   |  |          |          |                 |                    |
|  | Status (BIMS) score of cognitive status. Reside independently with limit extensive assistance wipersonal hygiene needs includes Alzheimer's distributed and assist staff wit whereabouts. Resident related to loss of left eye with interventions which | sment reference date of ad a Brief Interview for Mental 1 indicating a severely impaired ent #3 the resident walks ed assistance and requires th dressing, toilet use and s. Resident #3's diagnosis |          |          |                 |                    |
|  | Incident report dated 9/19/20 at 4:05 p.m. indicated Resident #3 was found outside in parking lot. Wander guard in place. No injury noted.  |  |          |          |                 |                    |
|  | stated on Saturday 9/19<br>had left the kitchen to cl<br>As she was returning to<br>video), the walkie talkie   | 20 at 10:26 a.m. Staff A, cook, 0/20 at around 3:00 p.m. she heck on menus for each hall. the kitchen (3:21 p.m. per alerted that a door alarm was d the alert did not identify what                 |          |          |                 | Page <b>2</b> of 7 |

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Facility Administrator

Date

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|--|--|---|---|----------|-----------------|-----------------|
| Facility Name:<br>Good Samarita                            | an Society - Indianola   |   | Survey Dates: September 24 – October 13 |          |                 | 12 2020         |
| Facility Addres  | ss/City/State/Zip  |   | Septemi                                 | Jei 24 – | Octobei         | 13, 2020        |
| 708 South Jefferson<br>P.O. Box 319<br>Indianola, IA 50125 |  | JM  |   |          |                 |                 |
| Rule or<br>Code<br>Section                                 | Natur  | e of Violation  |   |          |                 | Correction date |
|  | realized it was a kitchen Staff A stated she went then looked outside, did alarm and returned to w 4:05 p.m. she was in the resident outside through first she thought it may assisted living, but then Staff A stated she page responded immediately inside. Staff A stated sh January 2018 and has welopement and clearing needed to initiate a residuarm sounds and there. In an interview on 9/24/c certified nurse aide, staff 9/19/20, she was walking on break, when she resident was outside. See Resident #3 standing new #3 stated he was tired for himself onto the ground Nurses were aware and stated they paged the nowheelchair. Resident # wheelchair and propelled apparent injury. | 20 at 11:04 a.m. Staff B, ted on the afternoon on a toward the front entrance to heard over the walkie that a staff B ran outside and found ear the garage area. Resident rom walking and lowered, laying down in the grass. I responded promptly. Staff B urses and requested a 3 was assisted into a ad back inside without any |   |          |                 |                 |

Page 3 of 7

Facility Administrator Date

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|--|--|--|---|--------|-----------------|--------------------|
| Facility Name:<br>Good Samaritan Society - Indianola       |  |  | Survey Dates:  September 24 – October 13, 2 |        |                 | 13. 2020           |
| Facility Addres  | ss/City/State/Zip  |  | Ооргони                                     | JOI 21 | GOTOBO.         | 10, 2020           |
| 708 South Jefferson<br>P.O. Box 319<br>Indianola, IA 50125 |  | JM   |   |        |                 |                    |
| Rule or<br>Code<br>Section                                 | Natur  | e of Violation   |   |        |                 | Correction<br>date |
|  | to go on break at around over the walkie that Restrushed outside to the rewas tired from walking signass. Nurses were on wheelchair. Staff C statinto a wheelchair and bishe did not see any injuly #3 frequently wanders talarms.  In an interview on 9/28/registered nurse, stated Resident #3 was restles with offering of a snack nurse's station. Staff D delivered medications a putting them away where Resident #3 was outside the transport chair and Resident #3 indicated he the grass. Staff D state and found without injury facility. Staff D stated areas for Resident #3 to the dining room for for him to go into the kitched protocol when door alar who set the alarm off, co | B were heading to the front door d 4:05 p.m. when they heard sident #3 was outside. They esident. Resident #3 stated he so long and sat down in the their way and they called for a ted Resident #3 was assisted rought inside. Staff C stated rought inside. Staff C stated aries. Staff C stated Resident he facility and has set off door 20 at 12:23 p.m. Staff D, 1 on the afternoon of 9/19/20, as and redirected per care plan. Resident #3 was sitting at the stated the pharmacy had and she was in the process of an she heard over the radio that the extra staff D stated she grabbed responded. Staff D stated the was tired and was sitting in d Resident #3 was assessed of and then brought back into the ince COVID there are fewer to go to. Resident #3 used to go bod, but she has never known ten. Staff D stated standard tens sound are to determine theck outside as needed and to the cause of the door alarm, tesident head count. |   |        |                 | Page <b>4</b> of   |

Date

Facility Administrator

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|  |  |   |          | -          |                 |                 |
|--|--|---|----------|------------|-----------------|-----------------|
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| Facility Name:<br>Good Samaritan Society - Indianola |  |   | Survey [ | Dates:     |                 |                 |
| Facility Addre                                       | ss/City/State/Zip  |   | Septemb  | oer 24 – ( | October         | 13, 2020        |
| 708 South Jeft<br>P.O. Box 319                       | erson  | JM  |          |            |                 |                 |
| Indianola, IA 5                                      | 0125   |   |          |            |                 |                 |
| Rule or<br>Code<br>Section                           | Natur  | e of Violation  | Class    | Fine A     | mount           | Correction date |
|  |  |   |          | 1          |                 |                 |
|  | a call reporting Resident discovered outside. Resident discovered outside. Resinto the building and for was immediately place. Administrator stated should not arrive at the facility. Administrator stated should not arrive at the facility vident. Resident #3 is obsthrough closed doors at There is no camera view the dock. The Administrator she was not in the kitch when she returned at 3 she responded to the dock anyone and cleared the around 4:05 p.m. she was resident #3 outside through and paged for assistant staff education on proposition on proposition of the company o | Saturday 9/19/20 she received at #3 had eloped and was sident #3 was escorted back and without injury. Resident #3 on 15 minute checks. The e was in Des Moines and did until after 6:00 p.m. The e gathered statements and eo. The video indicated at 3:00 erved entering the dining room and walks into the kitchen. We of the kitchen exit door onto erator stated Staff A reported en when the door alarmed, but 1:21 p.m. according to video, oor, looked outside, did not see alarm. Staff A reported at as in the dining room and saw ough the dining room window e. The Administrator stated er door alarm response was and everyone but two staff were and the 2 staff that weren't will by are working with residents. Sucted to keep the kitchen door in no one was in the kitchen and those instruction. Stop signs exitchen and exit doors. On then door was adjusted to lock seed and on Monday 9/21/20 the did a coded lock installed. The |          |            |                 |                 |

| Facility Administrator | Date |
|------------------------|------|

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| Citation Number 9024                                       | er:   |                             |          |          | Date:<br>Decemb | per 17, 2020       |
|--|---|-----------------------------|----------|----------|-----------------|--------------------|
| Facility Name:<br>Good Samaritan Society - Indianola       |   |                             | Survey I |          | October         | 13 2020            |
| Facility Addres  | ss/City/State/Zip   |                             | Septemi  | Jei 24 – | October         | 13, 2020           |
| 708 South Jefferson<br>P.O. Box 319<br>Indianola, IA 50125 |   | JM                          |          |          |                 |                    |
| Rule or<br>Code<br>Section                                 | Natur   | e of Violation              |          |          |                 | Correction<br>date |
|  | Administrator stated elo  | pement drills are conducted |          |          |                 |                    |
|  | monthly.  |                             |          |          |                 |                    |
|  | Review of facilities Elopement and Alarms: Bed, Chair and Door policy and procedures found no instructions related to what to do when responding to a door alarm.   |                             |          |          |                 |                    |
|  | Review of Elopement Education 9/19/20 provided by Administrator on door alarm response education directed:  |                             |          |          |                 |                    |
|  | If a door alarm is sounding, the door must be checked immediately. You must ensure that a resident did not go out the door unseen. If an alarm is sounding, you need to check the area of the sounding alarm and check outside. You must immediately initiate a resident head count and all missing residents must be searched for until found. DO NOT clear or silence the door alarm without locating the reason the alarm is sounding. |                             |          |          |                 |                    |
|  | FACILITY RESPONSE   | :                           |          |          |                 |                    |
|  |   |                             |          |          |                 |                    |
|  |   |                             |          |          |                 |                    |
|  |   |                             |          |          |                 | Page <b>6</b> of 7 |

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Facility Administrator

Date

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|---------------------------------|-----------------------|----------------|--------|-----------|-----------------|-----------------|
| Facility Name:                  |                       |                | Survey | Datası    |                 | ,               |
|                                 | n Society - Indianola |                |        |           | Ootobor         | 42 2020         |
| Facility Addres                 | s/City/State/Zip      |                | Septen | ibei 24 – | October         | 13, 2020        |
| 708 South Jeffe<br>P.O. Box 319 | erson                 | JM             |        |           |                 |                 |
| Indianola, IA 50                | 0125                  |                |        |           |                 |                 |
| Rule or<br>Code<br>Section      | Naturo                | e of Violation | Class  | Fine A    | Amount          | Correction date |
|                                 |                       |                |        |           |                 |                 |
|                                 |                       |                |        |           |                 |                 |
|                                 |                       |                |        |           |                 |                 |
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|                                 |                       |                |        |           |                 |                 |
|                                 |                       |                |        |           |                 |                 |
|                                 |                       |                |        |           |                 |                 |
|                                 |                       |                |        |           |                 |                 |

|                        | <del>-</del> |
|------------------------|--------------|
| Facility Administrator | Date         |

Page **7** of **7**