Citation Numb #9056	er:				Date: Februa	ry 4, 2021
Facility Name: Clarence Nurs				Survey Dates: January 14 - 25, 2021		
Facility Address/City/State/Zip 402 2 <sup>nd</sup> Avenue		MW, VW, TAG		January 14 - 23, 2021		
Clarence, IA 52216						
Rule or Code Section	Nature of Violation			Class	Fine Amount	Correction date

58.28(3)e	<ul> <li>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)</li> <li>58.28(3) Resident safety.</li> <li>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</li> </ul>	Class I	\$5,250 COLLECT	Upon Receipt
	<b>DESCRIPTION:</b> Based on observations, record review, family and staff interviews, the facility failed to identify the resident's window as a potential exit with which the resident eloped through for one of five residents reviewed for supervision (Resident #1). The facility reported a census of 41 residents.			
	Findings include: 1. Resident #1's Minimum Data Set (MDS) Admission Assessment completed 12/25/21 documented the following diagnoses: traumatic brain dysfunction, non- traumatic subarachnoid hemorrhage, atrial fibrillation (an abnormal heart rhythm) and orthostatic hypotension (a decrease in blood pressure within three minutes of standing). It also identified the resident as cognitively intact with a Brief Interview for Mental			

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Facility Administrator

Citation Number: #9056					Date: Februa	ry 4, 2021
Facility Name Clarence Nurs		-	Survey I		0004	
Facility Addre	ss/City/State/Zip	MW, VW, TAG	January	14 - 25,	2021	
402 2 <sup>nd</sup> Avenu Clarence, IA &						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	assistance with walking The Care Plan with the identified the resident w for falling as he is const behaviors without safet 12/18/20) Interventions included: a. Arrange for male stat as less suspicious of m and golfing. b. He enjoys a cup of co look at the phone book. c. Be alert to him wearin facility, as a cue he inte engage with visiting with sorting nuts and bolts, c d. If he becomes fatigue e. Keep his room door of he has supervision of h f. Prompt him to change become dizzy with initia g. Redirect him to his ro he is angry. He often ti change his mood. h. Secure Care Wander alert staff to presence a redirection from leaving	target goal date of 1/6/21 with the problem of being at risk tantly walking, has exit seeking y awareness (date initiated If to accompany, 1:1 with him en. Topics of interest: farming offee with a snack. He likes to ing his coat and hat in the ends to leave. Attempt to h wife, with activity board, offer a cup of coffee and snack. ed or dizzy, allow him to rest. open (even with quarantine) so is activities so he is safe e positions slowly as he can al standing bom for less stimulation when res himself and needs to nap to r Bracelet applied to ankle to activity (date initiated 1/8/21). E Report dated 1/12/21 at 5:00				

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Facility Administrator

Citation Numb #9056	per:	]			Date: Februa	ry 4, 2021
Facility Name: Clarence Nurs				Survey Dates:		
Facility Addre	ss/City/State/Zip	MW, VW, TAG	January	14 - 25, 2	021	
402 2 <sup>nd</sup> Avenu Clarence, IA &						
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	parking lot, groaning an and responsive but una or what happened. Immediate action taken the assistance of three the facility and his room Interventions: Comfort of facility. Family decision management Mental status: Oriented Notes: Small irregular la Previous laceration ope elbow with 2 cm (centin laceration and right wris tear. Lacerations cleans comfort. Complained of rubbing his upper thigh pain. Right leg is shorter rolled outward. The resi he moved his right leg. Injury type: Right trocha Other info: Last visual of bed. In response to hea his room door closed ar door. Upon entering the and resident not presen had removed the screen the window. Temperatu	care for right hip fracture at the for Hospice care and pain to person, situation and place accrations to back of the head. ened at back of the head. Right neters) irregular shaped st with 2.5 cm "C" shaped skin sed and dressings applied for fright hip and thigh pain, area and demonstrated area of er than the left leg and foot ident complained of pain when anter fracture (hip). check at 4:30 a.m. sitting on his aring a voice calling out, found nd over-the-bed table in front of e room, noted window open at in his room at 4:50 a.m. He n of the window to exit through ure 26 degrees outdoors.				

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Facility Administrator

Citation Num #9056	ber:				ary 4, 2021
Facility Name Clarence Nur			Survey	Dates:	
	ess/City/State/Zip	MW, VW, TAG	January	14 - 25, 2021	
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402 2 <sup>nd</sup> Aven Clarence, IA			_		
	- 11			u	
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date
	<ul> <li>angulation deformity.</li> <li>A review of the nurse's <ul> <li>a. On 12/20/20 at 10:2</li> <li>for assistance when up</li> <li>room without assistance</li> <li>room. "I'm just going to</li> <li>go home."</li> <li>b. On 1/2/21 at 3:31 p.</li> <li>stocking hat wandering</li> <li>stated he is tired of sitt</li> <li>c. On 1/7/21 at 4:08 a.I</li> <li>determined to go home</li> <li>and attempting to go o</li> <li>insisted on leaving.</li> <li>d. On 1/8/21 at 10:02 a</li> <li>and accompanied back</li> <li>Wander Bracelet (ankle seeking behavior.</li> <li>e. On 1/8/21 at 5:00 p.</li> </ul></li></ul>	fracture is noted with increased notes revealed the following: 1 p.m., Needs reminding to ask a Ambulated to front lobby from ce. Joined and assisted back to a walk out of here sometime and m., Resident wearing coat and g about the nursing facility, ing around and wants to leave. m., Resident very agitated and e this shift. Going to doorways ut. Had hat and coat on and a.m., Exited facility, staff joined to the facility. Secure Care et) applied to help with exit m., Wearing his coat & cap with th exit door stating needed to service it".			
	door. Agitated and very building. Attempted to Aide (CNA). Finally abl lobby. g. On 1/9/21 at 3:16 p. door followed by staff t	n., Attempted to exit front lobby y hard to redirect back into bite and did hit Certified Nurse le to get resident back into the m., The resident exited the north o the parking lot. Staff able to to the building with extensive			

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Facility Administrator

prompting and cueing at 12:00 p.m.

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Facility Address/City/State/Zip 402 2 <sup>nd</sup> Avenue		MW, VW, TAG	Januar	January 14 - 23, 2021		
Clarence, IA 52216						
Rule or Code Section	Code Nature of Violation			Fine Amount	Correction date	

h. On 1/10/2021 at 9:30 a.m., Reportedly tore Secure Care band from leg overnight and up most of the night, drank 5 cups of coffee and had chips and dip, as well as verbalizing he was wanting to leave today. Around 8:10 a.m., resident attempted to leave, difficult to redirect, and staff able to return him back to his room & setup with a book to distract him. He returned to lobby & attempted to exit front door with CNAs diverting him, he then quickly turned & headed toward north door to exit. i. On 1/12/21 at 6:02 a.m. an entry stated at 4:15 a.m. the resident came to the front lobby with walker. Gait steady with ambulation. Asked if the doors were unlocked so he could go home. Informed the doors would not be unlocked until 6:00 a.m. At 4:30 a.m., Room check and observed him sitting on his bed. Content. At 4:50 a.m. Heard a faint calling out. On room check, room door closed and over bed table in front of door. Upon entering room, noted window open and resident not present. Observed him laying outside & in the parking lot. Staff joined the resident to support outside of facility. Alert and responsive but unable to state what he was doing or what happened. Groaning and laying on his left side. Lifted into a wheelchair with assist of 3 staff and returned to facility and his room. Small irregular lacerations to back of head. Right elbow with 2 cm (centimeters) irregular shaped laceration and right wrist with a 2.5 cm "C" shaped skin tear. Lacerations cleansed and dressings applied for comfort. The resident complained of right hip and thigh pain, rubbing his upper thigh area with his right leg shorter than the left loce and right whord.		
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	left leg and right foot rolled outward.	
		Page <b>5</b> of <i>*</i>

Facility Administrator

Date

Citation Numb #9056	per:			Date: Februa	ry 4, 2021		
Facility Name Clarence Nurs		-		Survey Dates:			
Facility Address/City/State/Zip		MW, VW, TAG	January	January 14 - 25, 2021			
402 2 <sup>nd</sup> Avenu Clarence, IA							
Rule or Code Section	Natu	ature of Violation Class Fine Amount			Correction date		

1	1	1	1	
	During an interview on 1/19/21 at 7:04 p.m., Staff A, Registered Nurse (RN) reported the resident did have a history of attempts to elope from the facility two or three times before this, and that he had been independent with ambulation using his walker and he did have a Wander Guard bracelet that he wore on his ankle. If he refused the interventions to distract him, we would try to engage him in another activity.			
	In an interview on 1/19/21 7:17 p.m., Staff B, RN reported the resident had a history of attempts to elope, he kept saying he wanted to go home. If the staff attempted interventions to redirect and he refused, the staff would need to attempt other interventions such as taking him to visit his wife, read the newspaper, offer snacks or walk with him to other parts of the facility, provide one on one to keep him engaged. She also reported Staff E, CNA checked on him 1/12/21 last at 4:30 a.m. At 4:50 a.m. they heard			
	someone calling out, checked his room, found the window open and the screen popped out. They found his Secure Care band in the garbage can. They found him lying on the concrete on the parking lot. There was no snow on the parking lot, just the piles on the corners. He wore his jeans, flannel shirt, socks, and shoes without a coat, gloves or hat on. The temperature had probably been 22 degrees out. The staff assisted him to bed, Staff B did not notice any			
	outward rotation of his legs. When she notified the family, they chose to keep him at the facility and not send him out to the hospital.			Page 6 of 1

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Facility Administrator

Citation Numb #9056	er:			Date: Februa	ry 4, 2021	
Facility Name: Clarence Nurs				Survey Dates: January 14 - 25, 2021		
Facility Address/City/State/Zip 402 2 <sup>nd</sup> Avenue		MW, VW, TAG	January	January 14 - 23, 2021		
Clarence, IA 52216						
Rule or Code Section	Code Nature of Violation			Fine Amount	Correction date	

During an interview on 1/20/21 at 4:56 a.m., Staff C, CNA reported the resident had a history of attempts to elope from the facility prior to the date he eloped from his window. He did have a wander gard bracelet on his ankle which he had been able to remove. He had		
been independent with ambulation using a walker. The staff had to make rounds on the residents every 45 minutes during the night. Staff C and Staff E, CNA's had taken turns checking on the resident and Staff C		
saw him last at 3:30 a.m. When Staff E checked on him, she said his window was open and screen popped out. They found him on the concrete in the parking lot. She reported he did not have a coat or gloves on, laid on his left side and had some bleeding		
up on his arm and some on the back of his head. The staff assisted him to a wheelchair and back to his bed. She noticed the Wander Guard alarm bracelet in the garbage can. At that point, she left the room to tend to other residents.		
In an interview on 1/20/21 at 9:14 a.m., Staff D, CNA reported the resident had a history of attempt to elope from the facility and she had actually followed him as he eloped two or three times before he eloped from his window on 1/12/21. He had been able to walk outside		
to the dumpster using his wheeled walker. He had been care planned to be independent with wheeled walker. When they applied the Wander Gaurd bracelet on his ankle, he told her "that's not going to stop me from leaving" The staff had to check on him every 10		
minutes, distract him, re-orient him or talk about his hobbies. He had dementia and refused interventions		

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Facility Administrator

Citation Numb #9056	er:			[	Date: Februa	ry 4, 2021	
Facility Name: Clarence Nurs			_	Survey Dates:			
Facility Addres	ss/City/State/Zip	MW, VW, TAG	January	14 - 25,	2021		
402 2 <sup>nd</sup> Avenu Clarence, IA 5							
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	resident. During an interview on reported the resident ha from the facility before t from his window on 1/12 go outside, that he had walker. The night shift during the night every h had been awake. He a go home or go to the st bracelet put on soon aff 1/12/21 she went to his found him sitting on his hall to ask the staff to u him no and helped him B, RN and Staff E, CNA Staff E went to his room behind the door and ha found the window open She ran outside and fou near the dumpsters. He 15 or 20 degrees outsid him up into a wheelchai saw blood on his right fo laceration from a previo earlier that day. Upon r noticed the Wander Gu they came through the o	D reported would walk with the 1/20/21 9:57 a.m., Staff E, CNA ad a history of attempts to elope the incident before he eloped 2/21, that he constantly tried to been independent with his staff had to check on him nour, and every 20 minutes if he lways talked about wanting to ore. He had a wandergard ter he had been admitted. On room at 4:30 a.m. where she bed. Later he came out to the nlock the front door. They told back to bed. At 4:50 a.m. Staff A heard someone moaning. h, found the bedside table d a hard time opening it. She and the screen pushed out. und him lying on the concrete e did not have a coat on. It was le that night. The staff helped ir and back into his bed. She orearm on the right side and a bus head wound from a fall returning him to the facility, she ard alarm did not sound when door and later found his t in the trash can. The resident					

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Facility Administrator

Date

Citation Number: #9056					Date: Februa	ry 4, 2021
Facility Name: Clarence Nursing Home			Survey I		2021	
Facility Addre	ss/City/State/Zip	MW, VW, TAG	January 14 - 25, 2021			
402 2 <sup>nd</sup> Avenue Clarence, IA 52216						
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction			Correction date
	In an interview on 1/20/21 10:25 a.m., Staff F, RN reported the resident had a history of attempts to elope from the facility prior to the incident on 1/12/21 when he climbed outside his window. The week before that fall, the attempts were frequent, he would keep trying to leave and put on his coat and hat when he did. A Secure Care bracelet had been placed on his ankle in early January 2021. He had been care planned to be independent with ambulation using his walker. In an interview on 1/21/21 12:10 p.m., the Social Worker reported the resident's family chose to keep him at the facility as his wife also resided there and they wanted to keep them together. During an interview on 1/21/21 12:34 p.m., the Director of Nursing (DON) reported when a Secure Care bracelet is applied on a resident, all of the exit doors are alarmed and will all trigger when the resident goes out. When this resident had first admitted to the facility, his family reported he did not have exit seeking behaviors prior to this. After January 1st, his behavior changed drastically. After the incident with his elopement from his window, the administrator purchased a window alarm that would sound if the window had been opened. The staffing had changed to assign one aide to stay on each hall to keep a closer eye on the residents. When asked for the facility's policy on falls, the DON provided a copy of the protocol which had					

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Facility Administrator

Citation Number: #9056					Date: Februa	ry 4, 2021
Facility Name: Clarence Nursing Home			Survey Dates:			
Facility Address/City/State/Zip		MW, VW, TAG	_ January 14 - 25, 2021			
402 2 <sup>nd</sup> Avenue Clarence, IA 52216						
Rule or Code Section	Nature of Violation		Class	Fine Amount		Correction date
	<ol> <li>Nature of violation</li> <li>Numediately go the resident who has fallen, do the following:         <ul> <li>a. Immediately go the resident, stay with the resident.</li> <li>b. If you are not a nurse, call for a nurse.</li> <li>c. Encourage the resident not to move.</li> <li>d. Ask them, "what were you doing just before you fell?" or "what were you trying to do just before you fell?"</li> <li>e. Begin getting answers to the "10 questions".</li> <li>f. Stay for the fall huddle, assist in getting a fall huddle started.</li> </ul> </li> <li>Fall Scene Investigation:         <ul> <li>a. Post fall investigation form.</li> <li>b. Data collection tool used to assess clues and evidence to determine Root Cause Analysis (RCA).</li> <li>c. Completed soon after the fall occurs and/or during the fall huddle.</li> <li>d. Completed by nurse in charge on duty at time of fall.</li> </ul> </li> <li>Causation Findings Identified from the Fall Prevention Program:         <ul> <li>a. External causes: noise, busy activity, lack of environment contrasts, placement of furniture, equipment and personal items, floor surfaces.</li> <li>b. Internal causes: poor balance, sleep deprivation/sleep fragmentation, need for the 4 Ps, medications (type and amount), orthostatic blood pressure, lack of endurance.</li> <li>c. Systemic causes: time of day, shift change/times, break times, day of week, location of fall, type of fall, routine staff assignments, staffing levels.</li> </ul> </li> </ol>					

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Facility Administrator

Citation Number: #9056					Date: Februa	ry 4, 2021		
Facility Name: Clarence Nursing Home				Survey Dates: January 14 - 25, 2021				
Facility Address/City/State/Zip		MW, VW, TAG		January 14 - 25, 2021				
402 2 <sup>nd</sup> Avenue								
Clarence, IA 52216								
Rule or						Correction		
Code Nature		e of Violation		Class	Fine Amount	date		
Section								

FACILITY RESPONSE:		

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Facility Administrator