Iowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Number: 5438			Date: 11/8/21		1/8/21
Facility Name: Vita Health Services			Survey Dates: 9/20/21 – 9/27/21		
Facility Address/City/State/Zip 1725 6 th Ave Des Moines, IA 50315					
Des Mollies, IA 303 13		LK/DD	98475-C		
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
57.7(5)	481—57.7(135C) General requirements. 57.7(5) The licensee shall: b. Be responsible for compliance with all applicable laws and with the rules of the department. (I, II, III) DESCRIPTION:		II	\$500.00	Upon receipt
	Based on interview and record review the facility failed to comply with requirements related to notification to the Department found in Iowa Administrative Code 481-chapter 50. Findings include: A review of facility records revealed the facility failed to notify the Department of elopements as required by Iowa Administrative Code rule 50.7(4). The administrator confirmed this finding. See deficiency under 50.7(4) for details.				
50.7(4)	director or the director's	Additional notification. The designee shall be notified within t business day, by the most			

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Facility Administrator

expeditious means available:

50.7(4) When a resident elopes from a facility. For the purposes of this subrule, "elopes" means when a resident who has impaired decision-making ability

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	leaves the facility authorization of staff.	without the knowledge or			
	to notify the Department business day of elopem reviewed (Resident #1) A review of incident repural walked away from the 7/08/21. Staff were not facility either time. Resulting schizoaffective disorded disability. She spoke lighter interpreter for full confinity on either occasion on 9/27/21 at 1:29 p.1 these elopements had be partment. She had resident on 5/20/21 white to a nearby store. Howe	on interview and record review the facility failed fig the Department with 24 hours or the next ss day of elopements regarding 1 of 3 residents ed (Resident #1). Findings include: we of incident reports revealed Resident #1 had a way from the facility on 5/20/21 and on 1. Staff were not aware Resident #1 had left the either time. Resident #1's diagnoses included affective disorder and moderate intellectual ity. She spoke limited English and required an eter for full communication. She suffered no son either occasion. 27/21 at 1:29 p.m. the Administrator confirmed elopements had not been reported to the ment. She had thought staff was with the nt on 5/20/21 when she left the facility and went arby store. However, she knew staff was not with 17/8/21 but was not aware of the reporting			

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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).

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	FACILITY RESPONSE	:			