

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

Citation Number: 1029 – Amended 09/03/2021		Date: August 5, 2021		
Facility Name: Opportunity Living I		Survey Dates: June 21, 2021 – June 22, 2021		
Facility Address/City/State/Zip 105 Westview Lake City, Iowa 51449		LK	#97959	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

64.60	<p>481-64.60(135C) Federal regulations adopted - conditions of participation. Regulations in 42 CFR Part 483, Subpart D, and 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 provision 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>	I	\$3,250.00	Upon Receipt
W189	<p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>DESCRIPTION</p>			

Facility Administrator

Date

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	<p>Based on interviews and record reviews, the facility failed to ensure staff were trained to consistently implement facility protocols designed to ensure a safe environment for clients. This affected 1 of 1 clients involved in 97959-I (Client #1). Findings follow:</p> <p>Record review revealed a facility incident report dated 6/17/21 at 11:09 a.m. indicated Client #1 became upset after a group activity outside in the yard. The client wanted to go back outside and began hitting his head when told he could not. Staff blocked the behavior and escorted him to his bedroom. Another incident report by the Activities Support Professional (ASP) at 11:15 a.m. revealed she saw the client outside in the fenced in area alone and unsupervised. The report indicated as the ASP walked up to House B (across the street) she noticed Client #1 alone in the fenced in area on the west side of House A. The document indicated the ASP unlocked the gate and took the client inside the house without injury.</p> <p>Record review for Client #1's indicated he had diagnoses including intellectual disability, cerebral palsy, moderate hearing loss and blindness. Further record review revealed a Behavior Management Program for elopement which indicated the client often attempted to</p>			
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	<p>leave the home and did not have the skills to be outside without supervision (the CFA confirmed this as well). The program indicated alarms were placed on the exterior doors as well as banners designed to stop Client #1 from leaving without staff.</p> <p>Record review revealed a facility investigation dated 6/18/21 which confirmed Client #1 eloped on 6/17/21 into the fenced in area outside of House A around 11:15 a.m. The investigation revealed facility staff and clients just came in from a water activity in the same area. The document indicated the Direct Support Supervisor (DSS) admitted he turned off the alarms for the west and front doors of the home just before the activities as the clients used those doors to get outside. The investigation noted the client was upset about being inside and taken to his bedroom around 11:09 a.m. The client was then found outside at 11:15 a.m. The investigation revealed the alarms were never to be shut off for any reason.</p> <p>Record review revealed a training document dated 4/13/21, which indicated the door alarms should not be turned off for any reason for the safety of the clients. An attached document revealed the training was completed by the DSS.</p>			
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	<p>When interviewed on 6/22/21 at 10:16 a.m. the Activities Support Professional (ASP) confirmed she found Client #1 outside and unsupervised on the west side of House A on 6/17/21 at 11:15 a.m. The ASP reported, when she first entered the area around 11:00 a.m. she saw all the clients and staff outside with the sprinkler on. At 11:15 a.m. when she saw Client #1 outside alone the ASP unlocked the gate, walked over to him and found him to be happy and free of injury. She walked him into the house where she told staff who were surprised he was outside. She said they immediately checked the alarms and found the west and front door alarms turned off.</p> <p>When interviewed on 6/22/21 between 8:55 a.m. and 10:30 a.m. Direct Support Professionals (DSP) A, B, C and D all confirmed they worked the morning of 6/17/21 in House A. They all confirmed they were aware Client #1 snuck out the west door of the house just after they came in from the sprinkler activity. All four staff confirmed the alarms were off for the west and front doors when the ASP brought the client in to the home around 11:15 a.m. The DSP's all stated the alarms were supposed to be on at all times unless they had the whole group leaving the home or a</p>			
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	<p>specific door was to be used repeatedly, then they could turn the alarm off temporarily. They all indicated they had since been retrained and the alarms were never to be turned off.</p> <p>When interviewed on 6/21/21 at 4:15 p.m. the DSS admitted he shut off the alarms for the west and front door around 10:00 a.m. on 6/17/21 just prior to the water activity outside in the yard. The DSS stated he shut off the alarm on the west door due to it being closer for the clients in wheel chairs, so they did not have to go out the front door and all the way around the building. The DSS confirmed he knew the alarms were not supposed to be turned off, but did so anyway without thinking about it.</p> <p>When interviewed on 6/21/21 at 2:15 p.m. the Managing Director of Operations confirmed the DSS should have never shut off the alarms based on agency protocols he trained staff on two months prior in April 2021. She further noted they have made physical modifications to the alarm system and the alarms can no longer be shut off.</p> <p>FACILITY RESPONSE</p>			
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