STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following deficiencies relate to the investigation of facility reported incident #91048-I conducted 5/14/20-5/28/20. See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C. Facility reported incident #91048-I was substantiated.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview the facility failed to identify elopement risk and place interventions prior to resident elopement for 1 out of 6 residents (Resident #3) reviewed. The facility identified a census of 41 residents. Findings include: The Minimum Data Set (MDS) Assessment, dated 2/12/20, showed the resident with a Brief Interview for Mental Status score of 6, indicating severe cognitive loss. The resident required extensive assistance with bed mobility, transfer,	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 1	F 684		

dressing, toileting and personal hygiene. The resident utilized a walker and wheelchair for mobility. The MDS listed a diagnosis of osteoporosis, hip fracture, history of falling and Non-Alzheimer's Dementia.

The Social Service Assessment, dated 2/6/20, did not identify the resident at risk of wandering.

A Nursing Progress Note, dated 3/1/20 at 7:57 a.m., documented the resident forgets why he/she is at the facility and is frustrated that he/she is not free to walk on own.

A Nursing Progress Note, dated 3/2/20 at 3:40 p.m., documented the resident forgets he/she had surgery and is angry that he/she is here and not in his/her own home.

A Nursing Progress Note, dated 3/3/20 at 7:13 p.m., documented the resident forgets he/she had surgery and is any that he/she is here and not in his/her own home.

A Nursing Progress Note, dated 3/4/20 at 12:47 a.m., documented the resident is supposed to be staff assist of one with a gait belt and walker. The resident has been walking alone in his/her room without staff assistance.

A Nursing Progress Note, dated 3/4/20 at 9:15 a.m., documented the resident had a goal to return home to his/her apartment and has been walking alone in his/her room without staff assistance.

A Nursing Progress Note, dated 3/6/20 at 1:55 p.m., documented the resident requires minimal assistance with activities of daily living and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 2	F 684		

prefers to be independent.

A Nursing Progress Note, dated 3/7/20 at 12:26 p.m., documented the resident forgets that he/she had surgery and is angry that he/she is here and not in his/her own home. He/she is assist of one at this time for transfer and ambulation with walker and gait belt. He/she is now walking in hallways with walker and gait belt.

The Daily Skilled Note, dated 3/8/20 at 12:33 a.m., documented the resident as being an assist of one staff with gait belt and walker, but the resident had been walking in his/her room without staff assistance. The staff provided reminders to let staff assist with walking due to the risk of falling.

A Nursing Progress Note, dated 3/8/20 at 3:17 p.m., documented the resident forgets that he/she had surgery and is angry that he/she is here and not in his/her own home. The resident is an assist of one at this time for transfer and ambulation with walker and gait belt. He/she is now walking in hallways with walker and gait belt.

A Daily Skilled Note, dated 3/9/20 at 12:38 a.m., documented the resident has a goal to return home to his/her apartment and is walking by him/herself in the room. Reported to the documenting nurse the resident walked his/her visitors to the main door without staff assistance.

A Communication with Resident/Family Progress Note, dated 3/9/20 at 5:17 p.m., documented the resident's daughter reported the resident in good spirits today and the resident went with her to the front door like he/she used to do.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 3	F 684		

A Health Status Note, dated 3/10/20 at 4:04 p.m. documented a discussion at ARC (daily nursing meetings) related to the resident walking to the door with his/her daughter like the resident used to do at the prior living arrangement. This had been the first time that the resident had done this.

A Daily Skilled Note, dated 3/10/20 at 3:51 p.m. documented the resident as being mostly independent with activities of daily living (ADL's). Ambulates per self without calling or waiting for assistance.

A Daily Skilled Note, dated 3/11/20 at 1:30 p.m. documented the resident as independent in ADL's, his/her room and in the facility.

The MDS Assessment, dated 3/12/20, listed a diagnoses of hip fracture, history of falls and Non-Alzheimer's Dementia. The MDS documented the resident with a Brief Interview for Mental Status score of 5, indicating severe cognitive loss. The MDS documented the resident exhibited inattention-type behaviors of being easily distracted and having difficulty tracking what was being said which fluctuated in severity. The resident exhibited verbal symptoms (e.g., threatening, screaming or cursing at others) 1-3 days per week. The MDS identified the resident exhibited wandering behaviors 1 to 3 days per week. The resident required limited assistance of one staff with bed mobility, transfer, ambulation-both on and off unit, dressing and toileting.

A MDS Note titled, Social Services Quarterly Assessment, dated 3/12/20 at 11:51 a.m. documented the resident with a BIMS score of 5/15 indicating severe cognitive loss. The MDS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 4	F 684		

note lacked documentation of an elopement risk assessment or review of the identified wandering behavior.

A MDS Note, dated 3/12/20 at 3:38 p.m., by the MDS Coordinator, noted the resident to be 97 years of age, diagnosis of dementia with short-term memory loss and a history of falls. The MDS note lacked documentation of an elopement risk assessment or review of the identified wandering behavior.

An Incident Progress Note, dated 3/15/20 at 3:01 p.m., documented the front door alarm sounded indicating that someone had left the building without entering the alarm code. Administration responded and encouraged the resident not to leave the facility. The resident exited the front door and stepped outside, followed by administration. A nurse also exited the building and encouraged the resident to come back inside the building. The resident came back into the facility after approximately two minutes of encouragement. Fifteen minute checks initiated after the incident.

A Care Plan Focus, initiated 3/17/20, documented the resident has potential for elopement related to dementia without behavioral disturbance. The Care Plan directed the staff to provide the following interventions:

Check the resident every 30 minutes related to the wander guard system being down. Date initiated 5/4/20.
Elopement Risk: 1-1's discuss his/her spouse (meeting, in the service) and raising of 300 chickens for eggs. Date initiated 3/17/20.
Personal Alarm: Wander Guard used to alert staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 5	F 684		

to resident's movement and to assist staff in monitoring movement. Date initiated 3/17/20.

The facility Elopement Policy and Procedure, with a revision date of 4/16, identified the following purpose of the policy:
To assess and identify resident at risk for elopement
To clearly define the mechanisms and procedures for monitoring and managing resident at risk for elopement.
To provide a system of documentation for the prevention of, and in the event of, elopement
To minimize risk for elopement through individualized interventions
To provide staff members with education on elopement at orientation and at least annually
To identify a plan in the event of resident elopement
To provide protection for resident at risk of elopement

The Elopement Policy stated the location will be responsible for maintaining a system that clearly defines the mechanisms and procedures for monitoring and managing residents at risk for elopement. These include identifying environmental hazards and resident risks; evaluating/analyzing hazards and risk; implementing interventions; and monitoring/modifying interventions as needed. All residents will be assessed for risk of elopement through the pre-admission and/or admission process and as needed.

The Elopement Procedure directed the care plan team members should consider the following when assessing risk of elopement:
a. Wandering behavior - the movement may

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 6	F 684		

be goal-directed or may be non-goal directed or aimless. Non-goal directed wandering requires a response in a manner that addresses both safety issues an evaluation to identify root causes to the degree possible. Moving about the location aimlessly may indicate that the resident is frustrated, anxious, bored, hungry or depressed. Unsafe wandering and elopement can be associated with falls and related injuries.

The Elopement Procedure outlines for residents assessed to not be at a risk for elopement during the pre-admission process but begin to exhibit wandering behaviors or attempt to elope during their stay will be assessed and monitoring in the following ways:
1. Resident's physician and legal representative will be notified of any significant change in the resident's status and such notification will be documented in the progress notes.
2. If a significant change has occurred with the resident, complete an MDS, care area assessment (CAA) and update the resident's care plan.
3. Track wandering behavior/elopement attempts in the Point of Care.
4. Staff member may want to initiate supervisory checks.

During an interview on 5/26/20 at 4:45 p.m. the Social Service Director reported she did not know why the resident had not been reviewed for wandering or elopement risk after triggering wandering on the MDS Assessment 3/12/20.

During an interview on 5/26/20 at 4:51 p.m. the DON reported she would have expected the resident to have had an elopement risk assessment as part of the MDS review if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 7 resident triggered wandering on the MDS Assessment 3/12/20. The facility failed to assess elopement risk that was identified on the 3/12/20 MDS and failed to initiate care plan interventions to prevent the resident from exiting the building on 3/15/20.	F 684		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation, and interview the facility failed to provide adequate nursing supervision to prevent an elopement for 1 of 2 resident's reviewed (#1) and to prevent a potential elopement for 1 of 2 resident's reviewed (#2). The facility failed to ensure a functioning and audible door alarm system for ten resident-accessible exit doors, which placed the resident's health and safety in immediate jeopardy. The facility identified a census of 41 residents. Findings include: 1. The Admission Record documented Resident #1 admitted to the facility on 6/21/2016. The Admission Record documented additional diagnosis of Alzheimer's Disease late onset,	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 8	F 689		

5/18/2017 and Dementia 10/31/2018 were added to the clinical record.

The Nursing Admit Re-Admit Data Collection, dated 6/21/16, did not identify the resident with a risk of wandering or elopement.

The Minimum Data Set (MDS) Assessment, dated 3/19/20, showed Resident # 1 with a Brief Interview for Mental Status (BIMS) score of 7 which indicates severe cognitive impairment for decision-making. The MDS listed diagnoses of Alzheimer's Disease and Non-Alzheimer's Dementia. The MDS documented the resident required limited assistance of one staff person for bed mobility and personal hygiene, and the extensive assistance of one staff person for dressing and toileting. The MDS documented the resident was independent with ambulation and used a walker. The MDS did not identify the resident at risk of wandering.

A Physician Order Sheet, signed by the physician on 3/30/20, showed the resident on the following medications:

Donepezil HCl Tablet 10 MG. Give 10 mg by mouth one time a day related to Unspecified Dementia without Behavioral Disturbance since 6/22/2016.
Namenda Tablet 10 MG (Memantine HCl). Give 1 tablet by mouth two times a day related to Unspecified Dementia without Behavioral Disturbance since 1/01/2018.

The care plan, revised on 1/9/20, documented a focus problem that the resident has impaired cognitive function/thought processes related to Alzheimer's Disease with Late Onset, Dementia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 9	F 689		

without Behavioral Disturbance, history of Urinary Tract Infections, Short-Term Severe Cognitive Impairment, Inattention/easily distracted; may get lost going to the dining room/activities and back to his/her room; may use humor to cover cognitive loss. The care plan directed the staff to use the following interventions:

Engage resident in simple, structured activities that avoid overly demanding tasks, date initiated: 02/13/2017.
Provide assistance with finding room-her room, meals and activities as resident needs, date initiated: 03/13/2017. Revision on: 10/11/2019.
Resident may need assistance/direction to find her room and the dining room, date initiated: 07/30/2019. Revision on: 07/30/2019.

The Resident activities of daily living care plan focus documented a performance deficit related to cognitive status as evidenced by a dementia diagnosis and disorientation, date initiated 6/21/16. The care plan identified the resident walked independently with a walker in room and the facility, but often would forget to use his/her walker. The fall care plan directed the staff to ensure the resident wore gripper socks for ambulation at night, effective 10/6/16.

A MDS Progress Note, dated 3/19/20, documented the BIMS score of 7/15 indicating severe cognitive loss. The MDS failed to document an elopement risk assessment.

A Care Conference Note, dated 4/1/20, documented the resident's daughter attended the care conference via phone. The progress note documented the resident gradual cognitive decline and a discussion with the daughter on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 10	F 689		

resident's inability to understand how to use the phone for telephone visits due to his/her dementia.

An incident Progress Note, dated 5/9/20 at 5:35 a.m., documented the nurse at the front entrance door screening staff as they came to work. A dietary employee notified the nurse a resident had been observed outside of the building. The nurse heard a low alarm sound from the 400 wing and went out the door. She saw the resident walking down the street toward the hospital. A laundry staff member took off after the resident in her car and intercepted the resident. The resident was wearing pajamas and a bathrobe. The resident had a gripper sock on to their left foot and the other gripper sock in their right hand. The resident was returned to the facility in the laundry employee's car.

A Change in Condition Progress Note, dated 5/9/20 at 5:40 a.m., documented the resident back in the facility with a temperature of 97.9 degrees, pulse 76 beats per minute, respirations 18 per minute, blood pressure 116/69 and oxygen saturation of 97 percent on room air.

A Communication/Visit with Physician Progress note, dated 5/9/20 at 6:00 a.m. documented the physician notification regarding the elopement. The facility received an order to run a urinalysis to rule out urinary tract infection due to no history of elopement and due to the resident's cognitive status in not being able to communicate symptoms of urinary tract infection.

A Care Plan Change Progress Note, dated 5/9/20 at 6:00 a.m., documented the facility added a care plan for potential elopement related to a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 11	F 689		

history of elopement and poor cognitive status. The new care plan interventions included to provide thirty minute checks, offer outdoor walks, provide diversionary activity and modify the environment including checking at 5:30 a.m. in the morning to see if the resident is awake and wants to get up.

A Communication/Visit with Physician Progress note, dated 5/9/20 at 6:27 a.m., documented the facility notified the physician they would be providing half hour checks on the resident.

An Incident Progress Note dated 5/9/20 at 6:46 a.m., documented Staff A, Registered Nurse (RN), notified the Director of Nursing (DON) of the resident's elopement and initiation of half hour checks.

A Communication with Resident/Family Progress Note, dated 5/9/20 at 6:48 a.m., documented the resident's family was notified the resident had gotten out of the building and off the property. Family was informed the facility would be providing half hour checks on the resident.

A Communication/Visit with Physician Progress Note, dated 5/9/20 at 7:00 a.m., documented a new order for a wander guard for the resident. The progress note lacked documentation the wander guard bracelet had been placed on the resident.

A May 2020 Signaling Device Testing Calendar documented the daily wander guard checks for Resident #1 started on 5/12/20.

A #1330 Elopement Incident Report dated 5/9/20, documented the resident's mental status as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 12	F 689		

oriented to person only. Predisposing Physiological Factors contributing to the incident were identified as confusion and impaired memory.

A document labeled "State Report," dated 5/9/20 (no times of occurrences documented within the report) documented that Resident #1 got out of the facility without staff being aware. A kitchen staff member arrived to work on 5/9/20 (no time specified on the report) and went to drive around the building to park car when she noted that someone was attempting to get in the building. The individual could not get in the facility and kept walking. The kitchen staff identified the individual as a resident at the facility. The kitchen staff member went in the facility and notified the charge nurse and laundry staff member. The charge nurse attempted to get out the kitchen door but could not. The charge nurse went down the 400 wing and exited the door that alarmed with a low hum. Laundry personnel took off after the resident in their car. At the same time, a community member passing newspapers saw the resident and stopped to distract the resident. The laundry staff member found the resident walking up the hill toward the hospital and drove the resident back to the facility (no time of return documented in the report). The report identified the resident as wearing a nightgown, gripper sock on one foot and one gripper sock in the resident's hand. The report documented the outside temperature at approximately 30 degrees. The resident verbalized, "I wondered who was going to pick me up." The DON reviewed the camera footage of the elopement. The camera footage showed the staff responded within 3 minutes and took 2 minutes to get the resident back into the building.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 13	F 689		

On 5/14/20 at 10:25 a.m. the surveyor observed facility camera footage of the 5/9/20 incident with the Director of Nursing (DON). The nurse's station camera showed on 5/9/20 at 5:44 a.m. Resident #1 walked from room 311 up by the nurses' station and continued walking down the 400 hallway. The camera footage showed the resident wore a night gown, robe, gripper socks to both feet and utilized a wheeled walker. The DON reported the following staff locations at the time of the incident:

The charge nurse at the front entrance.
One C.N.A. in room 105.
One C.N.A. in one of the end rooms down the 500 hallway.

The clock on the camera footage revealed it took the nurse 4 minutes to go down the 400 hallway to check the door. The DON could not get the 400 hallway camera showing the resident exit the 400 doorway to play for the surveyor on 5/14/20.

During an interview on 5/14/20 at 10:25 a.m. the DON reported staff did not hear the door alarm go off the morning of 5/9/20. The DON stated the staff normally hear the door alarms, but the facility implemented 30 minute checks on all residents on 5/9/20 and placed baby monitors by the doors so the nurse could hear the door alarms. The baby monitors were placed on 5/12/20 around 1p.m. The 30 Minute Resident Check documentation showed the facility started the checks on 5/9/20 at 2:00 p.m. The DON reported she felt there is enough staff scheduled during the daytime that door exits were not an issue during the day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 14	F 689		

On 5/14/20 at 10:55 a.m. Staff H, Director of Maintenance, checked the exit doors with the surveyor with the following findings:

Dining room door A tested with the door alarm sounding and the door released after 15 seconds.
Dining room door B tested with the door alarm sounding and the door released after 15 seconds. Door B in the AB dining room had black electrician tape over the speaker on door. Staff H, Maintenance Director, reported the tape could buffer the sound. He did not know who placed the tape over the speaker or why. He assumed it was done by the door alarm company when they worked on the doors on 5/12/20.
The Front entrance door tested with the door alarm sounding and the door releasing after 15 seconds. A baby monitor was positioned at the front entrance door.
The 500 North exit door tested with the door alarm sounding and the door released after 15 seconds.
Therapy room exit door tested with the door alarm sounding and the door released after 15 seconds.
The 200 wing exit door A (memory door) presented with a low hum noise, then the alarm sounded within a few seconds and the door released after 15 seconds. Staff H and the Administrator reported they had never heard the humming noise with the door alarms. No hum audible after the door alarm sounded within a few seconds.
The 200 wing exit door B (Garden door) tested with the door alarm sounding and the door released after 15 seconds.
The 300 wing exit door tested with the door alarm sounding and the door released after 15 seconds.
During an observation on 5/14/20 at 11:24 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 15	F 689		

no baby monitor was observed in the 300 hallway. The Director of Nursing (DON) noted the missing monitor and went to the nurse's station and replaced the baby monitor to the 300 hallway. The 400 wing exit door tested with the door alarm sounding and the door released after 15 seconds. A baby monitor was positioned in the 400 hallway. The 400 wing east exit door tested with the door alarm sounding and the door released after 15 seconds.

The dining room door B, 300 hallway and 400 hallway exit doors alarmed, but would not silence and reset with the code entered into the keypad. Staff H had to access the electrical box up through the ceiling tile; uncap and disconnect two wires; reconnect the wires for the door alarm to reset. Staff H reported that is not the normal operation of the doors, but the facility is getting a new door system. He reported Sound and Media had been in the facility on 5/12/20 to look at the door magnetic locks to fix this issue, but it obviously didn't work.

During an interview on 5/14/20 at 10:55 a.m., Staff H, reported he notice the wander guard system being down on 4/29/20. Staff H reported that he tried to fix the system but after an hour and a half he realized it related to a hard drive issue and he contacted Sound and Media that works on the door alarm system. Staff H stated the wander guard system goes to a central computer "brain." It passes through the board and goes out to the staff pagers to notify what door has been triggered. The main door alarm system is still in place and will sound alarms when the bar is compressed. The doors will unlock after 15 seconds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 16	F 689		

During an interview on 5/14/20 at 11:29 a.m., Staff H reported the camera times could have gotten off sync when the remodel was done on the 400 wing at the end of February. The construction crew kept shutting off the cameras at different times.

During an interview on 5/14/20 at 12:30 p.m., Staff B, Cook, reported she came to work the morning of 5/9/20 around 5:20 a.m. Staff B reported she came to the front entrance to get screened for COVID 19, then went back out to her truck and drove around the building to park in the back parking lot off of the A and B dining room. She reported she did not see the resident when she drove around the building to the back parking lot until she climbed out of her truck. She saw Resident # 1 standing outside of the 400 wing door. She thought she needed to get the nurse so she did not try to go to the resident. Staff B unlocked the back kitchen door and went in through the back kitchen and went out to the AB dining room and told the nurse of Resident #1 being out of the facility. Staff B reported they ran to the AB dining room doors, the last area the resident had been seen. She accidentally punched in the wrong door code so it messed the doors up and the door would not open. They could no longer see the resident by the 400 wing door. She reported nurse left the facility on foot to find the resident. Staff B stated she was told the resident had been located out on the street, by the telephone pole and the mailbox at the bottom of the hill going toward the hospital.

On 5/14/20 at 1:30 p.m. the Surveyor and Interim Administrator went to room 105 with permission of the resident and closed the door. Staff H set off the 400 hallway door alarm. The 400 hallway exit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 17	F 689		

door alarm was not audible with the door closed. The door alarm was very faint outside of room 105 doorway.

On 5/14/20 at 1:42 p.m., the Surveyor and Interim Administrator went to room 514 and closed the door. The 400 hallway door alarm was not audible from this location.

On 5/14/20 at 1:52 p.m., the Surveyor and Interim Administrator went to the front entrance door. The 400 hallway exit door alarm was not audible from this location. The Surveyor and Interim Administrator walked part way back to the dining room. The 400 hallway alarm was not audible part way back to the dining room.

During an interview on 5/14/20 at 1:58 p.m., Staff D, Certified Nursing Assistant (C.N.A.), reported she worked the 500 wing that night. She reported she had four residents that need care around 5:30 a.m. Staff D stated she can't be watching what is going on other wings at that time. Staff D stated we don't have enough people to watch every wing all the time and the nurse is so busy giving pills early in the morning, she doesn't have time either. Staff D couldn't recall what room she was in from 5:30a.m. - 5:45 a.m. or if she heard an alarm. Staff D stated the resident in 514 always has the television on and it's really loud. The CNA stated staff can't hear the door alarm in the rooms when the doors are shut and the residents have their televisions on so loud. Staff D stated the nurse paged something about the 400 wing, but she couldn't hear the page because of being in a room on the 500 wing. Staff D stated some of the resident's televisions are on so loud you just can't year. She reported she had most likely been in room 514. Staff D stated she didn't

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 18	F 689		

find out that a resident had been out of the facility until after 6:00 a.m. that morning. Staff D reported she had never reported to a charge nurse or the Director of Nursing (DON) about not being able to hear the door alarms when in a room.

During an interview on 5/14/20 at 3:03 p.m. via phone, Staff A, Registered Nurse, (R.N.), reported she had a bunch of 6 a.m. medications so she tried to get them done between 5:00-5:15 a.m. The staff start showing up around 5:20 a.m. and she had to be up at the front entrance to screen them for COVID before work. She reported between 5:25 a.m. - 5:30 a.m. Staff C, Laundry Assistant, Staff E, C.N.A., and Staff B, Cook, were at the front entrance to be screened. She took Staff B's, temperature and completed her screen. Staff B then went back out the front entrance and drover her truck around to the back of the facility to park. She unlocked the back kitchen door and went through the back kitchen door to the kitchen. Staff A recalled completing the screening and heading back toward the dining room. Part way back to the dining room, Staff B came out of the kitchen door and reported Resident # 1 was outside. Staff ran to the back dining room corner door and tried to open it. The door would not open or give. Staff A went down the 300 hallway. The 300 door did not indicate anyone had gone out the door there and went down the 400 wing. The 400 exit door had not been alarming. Staff A stated she saw nothing that indicated the door had been opened. Staff A stated there was a low hum, not an alarm sounding, but Room 408 also has a hum from a resident's air mattress so she didn't know if that was what was sounding. The 400 wing door, the lights on the door system were solid instead of flashing to indicate the door had been opened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 19	F 689		

Staff A went out the 400 exit door and saw Resident #1 heading down the hill onto the public side street. She stated she started walking after the resident. By that time, Staff C had driven her car around the building and was headed toward the resident. A gentleman had backed out of his driveway, saw the resident, and gotten out of his truck. This slowed the resident down enough so that staff could get her in the car. The resident walked on the right hand side of the road by the curb with her walker. The resident wasn't near the truck. The resident wore a nightgown, robe and one gripper sock on the left foot. The right foot was bare. The resident was carrying the right gripper sock in her hand. The resident commented she was a little cold-shivering, stating, " burr" when assisted into the car. Staff A reported she didn't know how long the resident had been out of the facility or if the resident exited out the 400 wing door. She verified she did not hear a door alarm going off from the front entrance or when she had approached the dining room when Staff B reported the resident outside. Staff A believed staff F, C.N.A., went into the resident's room between 4:00 - 4:30a.m. to offer toileting. Staff A stated she called the Director of Nursing (DON) around 5:46 a.m. and told her she didn't know what door the resident had gotten out of and didn't hear a door alarm. Staff A reported there are times when the resident's televisions are really loud and you cannot hear the door alarms. The one that would be the hardest is room 514. If on the 100 wing and an alarm goes off on the 400 wing, it probably would not be heard. If on the 400 wing, mostly likely she would not hear the front entrance alarm. Staff A reported the facility now uses baby monitors to pick up the alarm sound. She doesn't take the baby monitors in the room because there are three of them and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 20	F 689		

they are not exactly small, so she cannot take them all into a room. No one is by the monitors if the nurse is in a room. Staff A verbalized she tried to place her medication cart by the door, but doesn't feel confident that she could hear the baby monitors through the doors. The monitors are placed in the 300 hallway, 400 hallway and entrance. Staff A reported they are now monitoring all residents every 30 minutes to one hour, as well as the residents at risk of elopement are monitored every 30 minutes.

A posting, provided by the DON, on 5/14/20 at 4:23 p.m., from the nursing communication board, dated 5/12/20, entitled, "Attention All Staff," documented effective immediately, 5/12/20, the nursing staff will be required to carry audio monitors with them at all times. There are three monitors that the nurse must carry to be able to listen for door alarms. These audio monitors are each tied to a door (main entrance, 300 wing and 400 wing). If the nurse goes to lunch, break, etc. then the nurse must hand off all three audio monitors to another staff member that will be responsible for carrying these monitors and listening for sounds indicating a resident is near a door or any door alarm going off. The individual that has the monitors is responsible for immediately responding to any suspicious activity. An elopement is considered anytime that a resident leaves the building without staff being made aware. This means that if a resident gets out the building but you have eyes on the resident at all times it would not be considered a reportable elopement to state. We are currently working with the company on a new system that would link in the wander guard system and hopefully send an alert to the pager system or somewhere that could notify staff of the door

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 21	F 689		

alarms. Until this issue is fixed we will be using the audio monitors.

The Surveyor made the following observations regarding the use of the baby monitors 5/14/20:

During an observation on 5/14/20 at 11:00 a.m. to 11:20 p.m. noted during door checks the medication cart with three baby monitors present on top of the cart. Staff G, Registered Nurse (RN), was observed walking away from the medication cart leaving the baby monitors unattended. No other staff were noted in the immediate area to hear the monitors.
During an observation on 5/14/20 at 1:37 p.m. observed the medication cart with three baby monitors present on top of the cart. No nurse was present and no staff were in the immediate area to be able to hear if the baby monitors sounded. Continued observation by the surveyor until 1:45 p.m., revealed no staff in the immediate areamonitoring the baby monitors.
During an observation on 5/14/20 at 2:45 p.m., the Interim Administrator and the Surveyor went to the front entrance, part-way back to the dining room, rooms 105 and 514, with doors closed. Staff H set off the 400 hallway exit door alarm. The Administrator verified the 400 hallway exit door could not be heard from any of the locations.
During an observation on 5/14/20 at 4:07 p.m., the surveyor walked with Staff G to the 400 hallway where three baby monitors sat unattended on the medication cart. Staff G had been away from the medication cart and no other staff were observed in the area.

During an interview on 5/14/20 at 4:30 p.m., the Director of Nursing (DON) reported the nurses are checking the baby monitors at the start of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 22	F 689		

every shift for sound going through the monitors. The DON stated the nurses are not documenting the baby monitor checks. She stated she expected the nurses to assure the monitors are out on the wings but admitted she needed to check on that at this point. The DON stated she knew the 300 wing had the baby monitor in place on 5/13/20, but did not have documentation on the baby monitor checks. She stated she should have had the nurses start to document how the baby monitors are checked and when the monitors are checked. The DON stated her expectation is that the nurses are to be monitoring the baby monitors at all times.

On 5/14/20 at 4:45 p.m., the surveyor informed the Interim Administrator and DON of potential risk to all residents with the ineffective monitoring of the baby monitors by staff. The Interim Administrator reported they would be requiring the nurses to carry all three baby monitors with them at all times or assign staff to carry the baby monitors to ensure the baby monitors are being monitored at all times to pick up the door alarm sound. The DON started immediate education with the nurses 5/14 20 at 5:50 p.m.

During an interview on 5/14/20 at 5:25 p.m. the Interim Administrator reported they would be monitoring the baby monitor compliance and auditing every day. The Interim Administrator assured the surveyor they would ensure resident safety.

During an interview on 5/15/20 at 12:40 p.m. the state climatologist reported the following weather conditions the morning of 5/9/20 at the time of Resident #1's elopement:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 23	F 689		

5/9/20 5:15 a.m. Temperature 36 degrees, relative humidity 59%. Wind from the southwest at 5 miles per hour. Wind Chill factor 27 degrees. Visibility 10 miles (clear). No precipitation.
5/9/20 5:35 a.m. Temperature 37 degrees, relative humidity 51%. Wind from the southwest at 5 miles per hour. Wind Chill Factor 33 degrees. Visibility 10 miles (clear). No precipitation.
5/9/20 6:00 a.m. Temperature 41 degrees, relative humidity 44%. Wind from the southwest at 7 miles per hour. Wind chill factor 36 degrees. Visibility 10 miles (clear). No precipitation.

During an observation on 5/18/20 at 5:30 a.m. Staff A wore a gait belt with three baby monitors attached while screening employees at the front entrance prior to their shift. The baby monitor stations were visible at the front entrance, 300 and 400 hallways.

During an interview on 5/18/20 at 6:28 a.m., Staff D stated Staff A directed her to take the resident back to her room after being returned to the facility the morning of 5/9/20. Staff D reported she walked the resident back to the room and the resident stated, "my feet are kind of cold. I'm kind of cold." Staff D toileted and dressed the resident for the day. Staff D helped the resident into the recliner and put a warm blanket on her from the blanket warmer.

During an interview on 5/18/20 at 6:34 a.m., Staff F, C.N.A., reported the resident stayed up until around 2 a.m. on 5/9/20. He reported he did a check and change for Resident #1 between 4:00-4:30 a.m., then walked her back to bed. He checked on the resident several times during the night and she never came out of room and had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 24	F 689		

been very pleasant. Staff F reported being in room 105 around 5:30 a.m. The room door had been shut and he couldn't hear the door alarm sound. He remembered getting a call on the radio of a resident being out of the facility, but couldn't leave the resident in room 105. He recalled the door alarm had a high pitch sound to indicate the door alarm went off, but stated it could have been when the nurse went out the door after the resident. The resident was already back in the facility before Staff F knew the door had been alarming. Staff F stated the door is normally red when locked and goes to green when the door has been opened. Staff F reported he doesn't hear the door alarms when he is in a room with the door shut. Staff F didn't recall ever reporting to the charge nurse or DON that the door alarms could not be heard in the rooms. He stated they should be aware of it. Staff F stated unless you are in a room right next to the door alarm, you will not hear the door alarms.

During an interview on 5/18/20 at 6:50 a.m., Staff A confirmed she never heard the 300 or 400 hallway exit doors alarm sound. She confirmed she walked to the 300 door way and the key pad was not flashing between the red and green lights to indicate that someone had exited the door. She reported she heard the low hum, but could not tell were the sound had been coming from. Staff A stated went out the 400 hallway exit door and that is when the door alarm went off. Staff A stated she had already called out on the radios to the staff about a resident being outside of the facility but neither staff could respond. She stated she is aware the nurse is not supposed to leave the facility but she had to go after the resident. Staff A stated from the time she became aware of the resident being out of the facility until the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 25	F 689		

returned had been between 11-13 minutes.

During an observation of the 400 wing parking lot camera footage on 5/18/20 at 7:35 a.m. with the DON present, the Surveyor observed the resident exit the 400 wing exit door at 4:42 a.m. right after Staff B drove her truck past the 400 exit door to the back parking lot. The resident came out the door and exited to the right. The camera footage showed a skip in the footage so the resident could not be seen walking back by the 400 hallway exit door, to the back AB dining room door or down the sloping back drive way to the residential road. The camera footage did reveal that at 5:44 a.m. a car was driving down the side street to the intersection and turning into the Cedar Courts parking lot accessing the path the resident would have taken. The camera footage showed at 5:46 a.m., Staff A exited through the 400 hallway exit door looking for the resident and walking down the driveway around 5:47 a.m. The footage shows Staff C driving her personal car down the driveway. A skip then occurred in camera footage again.The surveyor could not observe footage of the resident walking down the sloping drive way, the gentleman backing out of his driveway and getting out of his truck to go to the resident, or the staff picking the resident up. The DON reported she didn't know why the camera footage would have skipped like that. The DON tried several times to get the camera footage to play but skips in footage remained.

On 5/18/20 at 8:30 a.m., the Interim Administrator provided the surveyor with Audio Monitor Audits completed on 5/15/20, 5/16/20, 5/17/20 showing the staff had been wearing the monitors, assignment sheets used to designate responsible party, staff member in the nurses station while

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 26	F 689		

units charging, staff passing off the baby monitors if they were out of range.

During an observation on 5/18/20 at 8:43 a.m. ,Staff H set off the 200 wing garden door. The Interim Administrator and surveyor were present. Staff K, Registered Nurse (RN), responded to the door alarm within 30 seconds. Staff K opened the exit door and looked outside to find the Administrator and surveyor outside the exit door. Staff K called a code purple and staff executed the code purple for missing residents per policy.

During an observation 5/18/20 starting at 8:48 a.m. and ending at 9:00 a.m., Staff H set off all ten exit doors which alarmed appropriately and doors released after 15 seconds. No low humming noise audible with any of the exit doors.

During an interview on 5/18/20 at 9:01 a.m., Staff H reported he did door alarm checks on all the exit doors on 5/9/20 around 7:15 a.m. when he got to work. He reported the 400 hallway exit door alarm continued to sound at that time. He reported he did not have any documentation to show that he had completed the door alarm checks, but Staff I, C.N.A., could verify the door checks were completed. Staff H reported he could not verify if it had been the nurse rather than the resident that set off the 400 hallway exit door alarm the morning of 5/9/20. Staff H reported he could write up some documentation from 5/9/20. Interim Administrator present during the interview.

During an interview on 5/18/20 at 12:05 p.m. the resident's daughter reported her husband took the call from the facility that morning. She stated that he had left her a message that she got

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 27	F 689		

around 3:30 p.m. that day. The facility informed the daughter that the resident had on a robe, gown and slipper socks. The daughter reported the resident's gown and robe are flimsy and need replaced. The daughter verbalized her understanding was that they cannot lock the exit doors due to the risk of fires. The resident usually says up late so the daughter was surprised that she was even up at the time of the morning. The daughter reported she used to take her mother out the front entrance, but had recently had both of her own knees replaced. The daughter started to modify and take the resident out the 300 hallway or 400 hallway exit door to makeit easier for her. The daughter stated that before the "lock-down," due to the coronavirus, they were taking the resident out weekly. The daughter stated there are not many people on the night shift and they don't always hear the alarms. She wanted to know what they were doing to keep the resident safe. The daughter stated one of the male nurses told her they had put the resident on ten minute checks. The head nurse seemed to know more of what was going on. The DON said they would have a new door alarm system in two weeks where it alarms directly to the staff. The daughter reported she had been very tired that day and planned to follow up with the facility in a few weeks. The daughter did not recall any discussion of elopement risk at any of the care conferences.

During an interview on 5/18/20 at 12:40 p.m., the attending physician reported he had been notified the resident had been found walking a short distance from the facility on 5/9/20. The physician reported he wasn't aware of the resident having had many falls, but everyone is at risk of falls. He reported a urinalysis had been done that returned

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 28	F 689		

borderline and did not require treatment. The report he received indicated the resident had been returned to the facility in good physical condition. The physician reported he did not have to examine or provide any treatment to the resident. The physician stated it was not an alarm issue. The resident has frontal lobe dementia, so her decision making can be inappropriate and impaired. The physician stated someone went through a door and she took advantage of it. The facility has put an alarm on the resident now. The physician reported it would be a risk with the cold and not being dressed warm. The physician reported the resident had either not wandered or hadn't wandered in so long that it wasn't part of the care plan.

During an interview on 5/18/20 at 12:42 p.m., Staff I, CNA, (certified nurse's aide), reported the day the elopement happened (5/9/20) the 400 hallway door alarm kept going off. Staff I stated he had been working the 400 hallway. Staff I verified the 400 hallway exit door had been alarming and Staff H reset the 400 hallway exit door alarm. Staff I reported he could not verify that Staff H rechecked all other exit doors to ensure all exit door alarms were functioning correctly that morning directly after the elopement as the only door he saw maintenance silence was the 400 hallway door.

During an interview on a 5/18/20 at 3:02 p.m., the DON reported the facility identified after the incident on 5/9/20 that staff could not hear the door alarms when they were in the resident's rooms. All residents were put on 30 minute checks. The residents identified as being at risk for elopement were placed on 30 minute checks on 5/4/20 when the DON was made aware the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 29	F 689		

wander guard system was down. The DON stated they thought Sound and Media could increase the sound on the doors on 5/12/20 and when they could not do that, the facility purchased the baby monitors and implemented them. She reported she tested the span on the baby monitors on 5/12/20 and had posted education regarding the monitors on 5/12/20.

A Walmart receipt, provided by the facility on 5/18/20, detailed the purchase of two baby monitors on 5/12/20 at 12:32 p.m. A second Walmart receipt detailed the purchase of an additional baby monitor on 5/12/20 at 3:08 p.m.

During an interview on 5/18/20 at 3:08 p.m. the DON stated they set up the baby monitors on 5/12/20. The DON stated they realized they had "holes" that were not covered within an hour of setting up the first two baby monitors, so they purchased another set of baby monitors. The DON stated they had a third baby monitor set up by supper time, but the 30 minute to 1 hour visual checks continued throughout that time for all residents.

The DON submitted copies of the 5/14/20 education on 5/18/20. The 5/14/20 education, provide by the facility, listed the following:

The 300 wing baby monitor reaches to the 100 wing fabric pictures hanging in the hallway.
The 400 wing reaches to the 100 wing fabric pictures hanging in the hallway.
The 500 wing reaches to the nurses' station, it will only reach half way down the 300-400 wing hallway.
If the monitor starts beeping or states not linked, it means you are out of range of the monitor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 30	F 689		

At the start of every shift, the C.N.A. is responsible for checking to make sure the audio monitors are in the correct location in the hallway and plugged in/turned on. The C.N.A. and nurse will work together and verity that the audio monitor is hooked to the parent model and sound can be heard on the parent model.

During an observation on 5/18/20 2:45 p.m., the Interim Administrator and Surveyor went to room 304 and closed the door. Staff H set off the 500 North exit door alarm. The Surveyor and Interim Administrator were unable to hear the 500 wing alarm sounding. At 2:59 p.m., the Interim Administrator and Surveyor went to room 506, closed the room door, and Staff H set off the 200 wing exit door alarm. The 200 wing exit door alarm could not be heard inside room 506.

During an interview on 5/18/20 at 3:05 p.m., Staff G, RN, reported he did not hear the door alarm sound on the baby monitor in the nurse's station with the checks.

During an interview on 5/18/20 at 3:11 p.m., Staff L, C.N.A., stated she heard the door alarm go off in the 500 hallway because she had been in the hallway, but she did not hear the door alarm sound through the baby monitor.

On 5/18/20 at 3:15 p.m., the Surveyor informed the Interim Administrator the residents remained at potential risk due to the inaudible door alarm system with the ineffective baby monitors as an intervention. The Interim Administrator and DON immediately positioned staff at the facility entrance hub to visually monitor access to the 500 therapy door, 500 North exit door and entrance door. The Administrator and DON

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 31	F 689		

immediately positioned a staff member at the nursing station hub to be able to visualize access to the 300 hallway, 400 hallway and 200 hallway exit doors. The Interim Administrator and DON established a door assignment schedule for 5/18/20 and 5/19/20 until Sound and Media could repair the door alarm system on 5/19/20.

The facility abated the inadequate supervision immediate jeopardy on 5/18/20 with placing staff to monitor exit door access sites.

Observations made by the Surveyor on 5/18/20 at 5:00 p.m., included the following:

Resident #1 resided in room 311, approximately 10-15 feet from the 300 hallway exit door.
Room 311 to the 400 hallway exit door approximately 116 feet to where the resident exited the facility on 5/9/20 at 5:30 a.m.
The distance from the 400 hallway exit door to the AB dining room door approximately 52 feet with cracks noted in the sidewalk outside the AB dining room door.
The distance from the 400 hallway exit door to residential street where the resident had been located is approximately 216 feet from the facility and included a downward sloping driveway from the back facility parking lot onto the residential street.
The residential street had one street light and the right side of the road by the curb included uneven pavement.

During an interview on 5/19/20 at 1:19 p.m., the DON reported the 400 hallway exit door should have alarmed. She stated the only time the doors shouldn't alarm is when the code is pressed on the key pad and the light turns green to indicate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 32	F 689		

the door can be exited. The door alarms have been the same since 2011. The DON reported no one has been able to hear the door alarms when in rooms since 2011 when she was a charge nurse at the facility.

On 5/19/20 Sound and Media Solutions, door alarm provider, implemented a patch to the door alarm system enabling all exit doors when pushed to alarm to a central computer board which send a notification to the employee pagers of location of door alarm triggered. This included both the main door alarm system and the wander guard system.

During an observation on 5/26/20 at 9:38 a.m., Staff H set off the door alarms to all ten exit doors. All exit doors alarmed to the main computer with notification to the staff pagers of which door alarmed. Staff responded timely to all door alarms set off. The wander guard system functioned appropriately with notification across staff pagers of door location.

During an interview on 5/27/20 at 2:38 p.m., the DON reported the facility did not contact any of the physicians or family members of resident's needing wander guard bracelets for safety when the wander guard system went down on 4/29/20.

2. The Minimum Data Set (MDS) Assessment for resident #2, dated 3/25/20, showed a Brief Interview for Mental Status score of 2, indicating a severe cognitive loss. The resident required extensive assistance of one staff person with bed mobility, transfer, dressing, toileting and personal hygiene. The resident required a wheelchair for locomotion. The MDS listed a diagnosis of Alzheimer's Disease, Non-Alzheimer's Dementia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 33	F 689		

and Psychotic Disorder.

The Order Review History Report, signed by the physician on 4/13/20, identified the use of a wander guard due to elopement risk with an order date of 1/15/16.

A MDS Progress Note, dated 3/25/20, documented the resident's primary diagnosis as Alzheimer's Disease with a wander guard on due to wandering and exit seeking behaviors.

The Care Plan focus, dated 4/18/14, identified the resident had a potential for elopement related to dementia and directed the staff in the following interventions:
1. Check the resident every 30 minutes, date initiated 5/19/20
2. Personal alarm: wander guard used to alert staff to resident's movement. Make sure the bracelet is always on resident and working, date initiated 12/10/15.
3. Use the sign in/out sheet at the nurses' station, date initiated 4/18/14.
4. Redirect the resident when wandering and showing elopement, date initiated 4/18/14. Revised 12/10/15.

During an interview on 5/14/20 at 1:35 p.m., Staff H, reported the wander guard alarm system has been down since 4/29/20. He stated he tried to fix the system but realized it as a hard drive issue he could not fix. He notified Sound and Media, door vendor, within an hour and a half of the wander guard system not functioning. Staff H stated the Director of Nursing (DON) had a timeline of the communications with the alarm company regarding the door alarms. He reported Sound and Media asked the facility to remove the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 34	F 689		

wander guard bracelets from the residents on 5/8/20 and send them the serial number information from each bracelet.

During an observation on 5/18/20 at 5:45 a.m. Resident #2 sat in a recliner by the nurse's station. Resident #2 did not have a wander guard bracelet on.

During an observation on 5/18/20 at 7:00 a.m. the resident sat in a wheelchair by the nurse's station. The resident did not have a wander guard bracelet on.

During an observation on 5/18/20 at 8:58 a.m. the resident sat in a wheelchair in the dining room eating breakfast. The resident did not have a wander guard bracelet on.

The May 2020 Signaling Device Test Calendar for the resident identified the wander guard bracelet on the resident's left ankle. The form documented the resident did not have the wander guard bracelet on from 5/7/20 - 5/18/20.

During an interview on 5/18/20 at 10:04 a.m., a representative of Sound and Media Solutions, reported they did need the serial numbers off the bracelets for each resident, but he did not direct the facility to remove the wander guard bracelets from the residents.

During an interview on 5/18/20 at 3:02 p.m., the DON reported she had not been notified of the wander guard system being down until 5/4/20. She implemented 30 minute checks on all resident's at risk of wandering.

A document titled "Wander Guard/Elopement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 35	F 689		

Summary," undated, submitted to the surveyor on 5/18/20, identified the Nursing Department had been notified of the Wander Guard System being down 5/4/20. The document directed the staff to document in the computer to check those resident at high risk with a history of elopement every half hour and residents at low risk every hour. The document revealed Maintenance had been aware of the problem with the Wander Guard System on 4/29/20 but had not communicated to others until 5/4/20.

The Direct Supply TELS Logbook Documentation, Task Name: check operation of door monitors and patient wandering system, dated 5/6/20 and 4/29/20, Verified the wandering door system passed alarm inspection completed by Staff H. This inspection included checking the visual alarm sounded at the enunciator panel which had been down since 4/29/20.

During an interview on 5/18/20 at 2:50 p.m., Staff H reported he had identified the issue with the Wander Guard System on 4/29/20 and submitted a bid to the administrator on 5/1/20. Staff H stated he was off Saturday and Sunday and followed up with the administrator when he returned to work on 5/4/20.

During an interview on 5/19/20 at 11:03 a.m., Staff H, reported he completed the door alarm tests randomly one time per week. He doesn't remember what time of day he would have checked the door alarms. He explained he thought the door alarm checks were just for the TELS system for the facility use only, now he knows better. He stated he can go back and edit the information on the door alarm documentation but he did not go back and correct the 4/29/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 36	F 689		

and 5/6/20 reports. Staff H reported he usually filled out the form on the computer first, then did the door alarm testing. If one of the alarms doesn't pass, then he goes back and edits the TELS information he documented regarding the door alarm checks. Staff H reported just wanting to get the door checks done. He thought the system was going to be down for half a day, not everything that had happened. He reported he never gotten back to fix the door alarm reports from 4/29/20 or 5/6/20.

The Policy and Procedure Alarms: Bed, Chair and Door, revised 12/19, provided by the facility identified Environmental Services is to check the door alarms and wander guard door alarms weekly.

During an interview on 5/19/20 at 10:10 a.m., the Director of Nursing (DON) reported the facility did not have thirty minute check records for Resident #2, except for the "all" resident thirty minute check records that started on 5/9/20 at 2 p.m. She reported the resident must have gotten missed when the residents identified as elopement risks were put on thirty minute checks for safety as of 5/4/20 when she had been notified the Wander Guard Alarm system did not work.

The facility failed to implement a timely intervention to assure resident #2's safety when they became aware the wander guard system had not been functioning.

The facility abated the immediate jeopardy on 5/18/20 by placing a staff person within view of each exit door until the facility's door alarm system could be replaced.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. BUILDING _____ B. WING _____	C 05/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - WEST UNION	201 HALL STREET WEST UNION, IA 52175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE