Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6087			**Date:** 4/28/23
Facility Name: Penn Center		**Survey Dates:** 3/14/23 and 3/15/23	
Facility Address/City/State/Zip 2237 245th Street Delhi, Iowa 52223			
	CC/DD	110437-I	

Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
57.34(3)	**<u>57.34(3) Resident safety.</u>** **<u>c. Residents shall receive adequate supervision to ensure against hazard from themselves, others, or elements in the environment. (I, II, III)</u>** **DESCRIPTION:** Based on interview and record review, the facility failed to provide adequate supervision to ensure the safety of 1 of 1 residents reviewed who had eloped (Resident #1). Findings include: 1. On 3/15/23 a review of Resident #1's record revealed an admission date of 11/7/22. Resident #1 had a diagnosis of schizoaffective disorder (depressive type). According to his service plan dated 11/8/22, Resident #1 had a history of leaving a hospital without authorization prior to admission to the facility. Elopement programming was put in place. An incident report revealed on 12/13/23 at 1:30 am, staff called the on-call supervisor to report Resident #1 was missing from the facility. Elopement protocol was put in place, including filing a missing person's report with the local sheriff's department. According to nurse's notes written by Staff J, Resident #1 was found at an elderly lady's home with no injuries on 12/13/22 at approximately 6:25 pm. 2. On 3/15/23 at 1:05 pm, Resident #1 stated he thought he heard some voices on the night of 12/12/22 before	**I**	**$3500.00**	**Upon receipt**

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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	bedtime. He thought they were from God and were telling him to walk around. Resident #1 stated he had a shock incident earlier that night. He was not trying to run away but felt he just needed to walk awhile. When Resident #1 left, he had on a coat, sweater, pants, and shoes. He had tried to come back but it was dark and foggy and he was lost. He stopped at a lady's home. He didn't hurt her and she didn't hurt him. She told him to come in and get warm. Resident #1 stated he cooked breakfast for her and washed her dishes. He then took a nap on her couch. The police brought him back to the facility later that day and then he went to the hospital as he knew something was wrong. 3. On 3/15/23 at 12:33 pm, Staff J stated Resident #1 had several shock incidents that night during 2nd shift and she tried to convince him he needed to rest. He told her God was giving him a mission and telling him to walk. A shock incident was described as Resident #1 walking and then jumping up, lowering himself to the ground, and curling up in a fetal position. He would then put his hand over his chest before slowly getting up. She stated these shock incidents were part of his mental health issues and not due to a physical condition according to doctors. Resident #1 usually had his shock incidents in the same area by the drinking fountain. Staff J stated she talked with Staff I during shift change about Resident #1 having shock incidents that night and his constant walking to make sure she was aware of his actions. 4. On 3/15/23 at 12:40 pm, Staff G stated she was on-call when staff called her around 1:30 am on 12/13/22.			

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	The staff reported Resident #1 was missing and they had already looked outside. Staff G went to the facility and looked around but could not find him. When the Sheriff located Resident #1 later in the afternoon, she was the one who took him to the hospital at approximately 6:30 pm. Resident #1 told Staff G he went walking because his legs had felt so jittery, but after 15 minutes he was lost. He couldn't find his way back. He stated over and over it was not his intention to run away and he felt bad about it. He had no problems going to the hospital. He knew something was going on with him and he needed to be evaluated. The resident was placed on increased supervision upon his return from his hospital stay. 5. On 3/15/23 at 12:00 pm, Staff H stated she was working 3rd shift (10:00 pm to 6:00 am) on the night Resident #1 went missing. Staff H stated she was aware of Resident #1 having several hock incidents on second shift. Staff H was in charge of the women's wing and did not see Resident #1 at all that night. At approximately 1:30 am, Staff I told her that she could not find Resident #1. Staff H asked her when she last saw him. At first, Staff I told her at 10:00 pm and then she said 11:00 pm. Staff I told her when she was doing rounds earlier and did not see him in his room she just thought he was on the smoke porch. Staff H stated she immediately ran outside and looked all over the place. It was cold that night. She was out there for about 10 15 minutes yelling for the resident. Staff H then came inside and called Staff G because she was on-call, as well as dispatch. Staff H stated staff were to do hourly head checks unless otherwise noted in a service plan.			

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	Staff were to go in and see that residents were in the room. They used a flashlight at night to ensure residents were breathing or moving. 6. On 3/15/23 at 11:06 am, Staff I stated she worked the 10:00 pm to 6:00 am shift with Staff H. Staff I was in charge of the men's wing. She was aware of Resident #1 having shock incidents during second shift. She observed Resident #1 out in the hallway with another resident at 10:00 or 10:30 pm. She completed her safety headcheck rounds later at 11:30 pm. Staff I helped a different resident with bathroom assistance. She then went down the hallway and assumed Resident #1 was in his room, but he was not. Staff I stated when she completed her other safety check at 12:00 am she just assumed he was in the smoke porch area when he wasn't seen in his bed. She wondered why she wasn't seeing him in his bed or on the smoke porch again at the 1:00 am check, so she told Staff H at approximately 1:30 am that she hadn't seen him since about 10:30 pm. She said she just assumed when she didn't see him in one area that he was probably in another area. Staff I stated she should have checked better and her biggest mistake was not saying anything to Staff H during the 11:00 pm safety headcheck right away. The Administrator and Staff A asked her to come in and review the incident with them afterwards. The Administrator was able to review the security camera footage and observed Resident #1 leave the premises at 10:57 pm. Resident #1 had been missing almost 2.5 hours before Staff I told Staff H he was missing.			

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	7. On 3/15/23 at 1:20 pm, Staff A stated Staff I was terminated after the incident. On 3/15/23, resident head check documentation was reviewed. Staff I documented that on 12/12/22 at 10:00 pm, Resident #1 was in his room sleeping and at 11:00 pm, Resident #1 was in his room awake. For 12/13/23, Staff I documented Resident #1 was in his room sleeping at 12:00 am and at 1:00 am. According to camera footage observed by the Administrator after the incident, the resident left the premises at 10:57 pm on 12/12/23. According to wunderground.com, the temperature that night at 10:53 pm was 36 degrees, cloudy with a 9 mph wind. 8. On 3/15/23, a review of the facility's Resident Monitoring/Rounds policy was reviewed. The policy indicated the following directive: "Residents will be routinely monitored by using a staff rounds process. Staff will complete rounds every hour. Staff will document completion of rounds and location of each resident during the 24-hour period." The policy further went on to state: "If unable to account for a resident, implement immediate search of the facility and grounds." 9. On 3/15/23 at 2:45 pm, Staff A confirmed (in the absence of the Administrator) that Staff I had not completed safety head checks appropriately and misrepresented her head checks within the documentation.			

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