

Iowa Department of Inspections and Appeals

Health Facilities Division

Citation

Citation Number: 1026		Date: June 30, 2021		
Facility Name: Azria Health Longview		Survey Dates: June 3 – 8, 2021		
Facility Address/City/State/Zip 1010 Longview Rd. Missouri Valley, IA 51555		JM/GP		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.28(3)	<p>481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)</p> <p>58.28(3) Resident safety.</p> <p>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on observations, clinical record review, staff interviews, facility investigative file review, review of the State Operations Manual, and facility policy review, the facility failed to provide adequate nursing</p>	I	\$7,500 (Held in Suspension)	Upon Receipt
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Facility Administrator

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	supervision and assistance devices to prevent hazards for 1 of 3 residents reviewed. Resident #1 admitted from another facility due to increased exit-seeking behaviors and the need for a facility that offered a memory care unit to provide safety and increased supervision in an attempt to prevent elopement (when a resident leaves the facility without staff knowledge or permission). The facility failed to complete an elopement risk assessment for Resident #1 upon admission. Resident #1's current record showed many examples of her continued exit-seeking behavior, anxiety, confusion, and severe cognitive impairment after admit. On 5/25/2021 at approximately 6:45 PM, the facility attempted to unsuccessfully locate Resident #1 in the memory care unit and initiated a search throughout the rest of the facility, the grounds, and outside of the perimeter. At 7:30 PM, a member of the community member called the facility and reported Resident #1 was located at a football field. The door			
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	<p>alarm system required staff to enter a code to open the door and the system had a 15 second delay pre-programmed into it that occurred before the door locked and re-armed. The facility concluded Resident #1 had likely exited the memory care unit following a staff member during the 15 second delay after they entered the code and exited, but before the door automatically locked. The facility surmised Resident #1 then left through the front door either by walking with or by following behind a visitor.</p> <p>Findings include:</p> <p>The State Operations Manual (SOM) with a revision date of 11/22/17 provided the following definitions:</p> <p>a) Wandering-is random or repetitive locomotion</p>			
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	<p>b) Elopement- when a resident leaves the premises or a safe area without authorization</p> <p>According to the Admission Minimum Data Set (MDS) dated 4/19/21, Resident #1 had the following diagnoses: alcohol dependence with alcohol induced dementia, atrial fibrillation, and diabetes mellitus. The MDS documented the resident scored 4 on the Brief Interview of Mental Status (BIMS) test which meant the resident demonstrated severe cognitive impairment. The MDS also documented she required extensive assist of 1 staff for toilet use and supervision while walking outside her room, but could ambulate (walk) independently in her room. The MDS revealed Resident #1 wandered on 4-6 days during the 7 day review period and did not have a wander or elopement alarm in place.</p>			
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	<p>Resident #1's care plan with a revision date of 4/21/2021 documented behaviors such as wandering, exit-seeking, pacing, yelling, cursing, and name calling related to dementia. The care plan also documented the facility implemented the following interventions:</p> <p>a. On 4/22/2021: staff documented the resident displayed exit-seeking behaviors at a prior facility and admitted to the facility for security on the memory care unit.</p> <p>b. On 5/26/2021: Staff implemented 1:1 supervision due to 5/25/21 elopement and plan made to provide Resident #1 an iPad to play games per family recommendations</p> <p>c. On 5/28/2021: the facility placed a wander guard on her left wrist.</p>			
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	<p>Review of Resident #1's Electronic Health Record (EHR) revealed the following progress notes:</p> <p>a. On 4/12/2021 at 10:56 AM: Resident #1 admitted to secured memory care unit due to increased wandering and exit-seeking behaviors at her previous facility.</p> <p>b. On 4/12/2021 at 3:45 PM: Resident paced the unit, walked up and down the hallway, and looked for her husband. Staff provided 1:1 staffing and redirection which proved effective.</p> <p>c. On 4/13/2021 at 6:26 AM: Resident #1 tried to leave via every door and slept only 20-30 minutes at a time. Staff provided redirection without success and noted the resident became agitated when told she needed to stay.</p> <p>d. On 4/15/2021 at 3:26 PM: Resident walked fast and continued to exit-see but responded to redirection by calling staff names and swearing at them.</p>			
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	<p>e. On 4/17/2021 at 6:55 PM: Resident walked before supper and since 5:45 PM demonstrated anxiety and exit-seeking and asked to use the phone to call police or her mother. The resident reported she waited for her husband or family.</p> <p>f. On 4/18/2021 at 5:12 PM: Resident #1 very anxious, constantly walked in the dining room, set off the set off alarm at the far end of hall 4 times when she tried to open the door, attempted to exit through the dining room door, and also tried to open the dining room window as a door several times. The resident repeatedly told staff she needed to go to her parent's house and staff attempted redirection without success.</p> <p>g. On 4/25/2021 at 2:28 PM: The resident's exit-seeking behavior and walking quickly up and down the halls and dining room continued non-stop throughout the shift, although staff repeatedly redirected her.</p> <p>h. On 4/26/2021 at 9:30 PM: Resident appeared visibly anxious while she searched for her husband, paced</p>			
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	<p>constantly, and attempted to leave the memory care unit. Staff provided 1:1 support most of the evening and attempted to engage her in activities such as word search, coloring, snacks and fluids, movies, and reading materials.</p> <p>i. On 4/27/2021 at 3:02 PM: Resident walked up and down hallway seeking an exit and was redirected. Resident #1 folded washcloths and played with cards for a bit, then again began pacing the halls trying to find a way out.</p> <p>j. On 4/29/2021 at 2:50 PM: Resident continued to pace up and down the halls, repeatedly asked how to leave, and continued to set off alarms. Staff redirected the resident several times but the resident did not sit still very long.</p> <p>k. On 5/2/2021 at 6:54 PM: The resident paced most of shift but increased even more since supper time. Resident #1 searched for her husband, tried to go outside to the car, set off the South door alarm 2 times,</p>			
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	<p>and approached the door another 2-3 times, but staff redirected her.</p> <p>l. On 5/3/2021 at 2:25 PM: The resident exhibited restlessness and paced the hall in an attempt to find a way out of the building.</p> <p>m. On 5/5/2021 at 2:41 PM: the resident continued exit-seeking and activating alarms. Staff redirected her several times.</p> <p>n. On 5/8/2021 at 2:32 PM: Resident repeatedly looked for an exit and set off the door alarms. When staff redirected her it only lasted for few seconds and then she said, well I'm going home, and I'll see you later. She would then repeat the process several times. Staff documented the resident didn't redirect easily.</p> <p>o. On 5/9/2021 at 1:52 PM: Resident asked how to get out of here, set off alarms, and went from one door to another quickly. The staff redirected her several times,</p>			
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	<p>although the resident did not stay focused on activities for very long.</p> <p>p. On 5/12/2021 at 2:12 PM: Resident paced the hallway, and activated alarms while staff continued to redirect her. Staff opened door to the patio for fresh air, resident went out and came back in and refused to go back out on the patio, although she continually walked out the other doors and set off the alarms.</p> <p>q. On 5/15/2021 at 6:15 PM: Starting at 3:00 PM, the resident walked the hallways attempting to leave and activating the alarms looking for her husband.</p> <p>r. On 5/19/2021 at 10:09 PM: The resident paced the hall and dining area asking for her husband and after supper she began exit seeking.</p> <p>s. On 5/20/2021 at 3:45 PM: The resident paced and attempted to exit the doors this morning. She told the staff she had to leave.</p> <p>t. On 5/22/2021 at 10:34 PM: The resident paced throughout the memory care unit in the afternoon. Staff</p>			
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	<p>noted exit seeking behavior but she did not push on the doors and although she appeared visibly anxious, staff easily redirected her for short moments before she again became restless and told staff she had to go.</p> <p>u. On 5/23/2021 at 2:25 PM: The resident paced the hallways and exhibited exit-seeking behavior and staff redirected her. The resident went outside in the fenced in area for about 10 minutes with her husband and then paced up and down the hall with her husband again trying to find a way out. She also changed her clothes several times today.</p> <p>v. On 5/24/2021 at 10:13 PM: The resident paced the halls and dining room within the memory care unit this evening and stated she had to go, although she did seem to enjoy sitting outdoors on the patio with other residents and staff.</p> <p>w. On 5/25/2021 at 2:33 PM: The resident paced up and down hallway, set off alarms and staff continued to</p>			
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	<p>redirect her while she repeatedly told them she had to go while she approached each door, went back to the other and kept going back and forth. The resident did not sit very long to eat her meals. Staff redirected her several times to sit down to eat, but she kept standing up again.</p> <p>x. 5/25/2021 8:40 PM: The nurse documented the CNA reported at 7:00 PM that they could not locate Resident #1 in the memory unit. The nurse spoke to staff, started a search in the unit, called the Administrator at 7:14 PM and then continued looking for the resident. At 7:30 PM, a member of the public called and asked if the facility was missing a resident. The nurse answered in the affirmative and obtained the location (the football field) so facility staff could retrieve her. Staff returned to the facility with Resident #1 at 7:45 PM.</p>			
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	<p>A wandering assessment dated 4/12/2021 documented the resident had a diagnosis of dementia, a history of wandering, exhibited confusion or disorientation, did not show resistance to facility placement, and remained independently ambulatory. The assessment also revealed the facility did not place a wanderguard on the resident's wrist or ankle at that time.</p> <p>Resident #1's clinical record failed to contain an elopement assessment dated 4/12/2021 upon her admission.</p> <p>An elopement evaluation completed on 5/26/21 identified the resident had a risk of elopement due to a history of wandering (aimlessly at times and at other times with a purpose) which could affect her safety.</p>			
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	<p>The facility's investigative file dated 5/26/2021 documented at 6:45 PM, a CNA attempted to locate Resident #1 to help her with provide bedtime cares, but could not find her. The CNA informed the charge nurse and another CNA on duty. They searched again and noted the back door and enclosed patio attached to the dining room of the unit was secured. At approximately 7:00 PM, they still could not find the resident on the unit so the charge nurse notified the RN, who broadened the search to the entirety of the property. At 7:14 PM, they notified the Administrator who instructed her to call 911 and contact the resident's family. At about 7:30 PM, a community member phoned the facility to inform them they found the resident at the football field. At that point, an off duty LPN picked up the resident in her vehicle and returned to the facility at approximately 7:45 PM. An assessment revealed no injuries and vital signs within</p>			
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	<p>normal limits. The resident wore a pink and gray sweater, blue jeans, and socks and shoes.</p> <p>At 7:50 PM, the Administrator, the Regional Nurse Manager, and the Director of Nursing investigated and tested the memory care unit doors. They found them secured from the outside of the facility and the rest of the facility by magnetic locks released by codes put into the key pad. If someone entered an incorrect code it caused the door to alarm; two doors had such mechanisms, one to the outside of the building at the south end of the hall and one to the rest of the facility at the hall's north end. They tested the alarms/locks/doors and found all functioning properly, including the 15 second delay on the memory care unit door. The facility concluded no staff reported seeing the resident outside of the memory care unit prior to her departure from the facility. They noted Staff C, Dietary Aide reported they entered and exited through</p>			
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	<p>the memory care unit door and was the last person to exit the unit prior to staff reporting the resident missing. The facility identified given the 15 second delay and location of the resident when Staff C left the unit, a person in the location of the resident with the same mobility as the resident could have exited the unit prior to the door's lock engaging. The resident then followed one of the front visitors who would not necessarily have recognized the resident to be a resident of a nursing facility, out of the building. She then most likely walked to the football field/track, where she struck up a conversation with a couple that called to notify the facility of her location, from which she returned safely.</p> <p>During a staff interview on 6/3/21 at 11:07 AM, Staff A, CNA reported Resident #1 demonstrated some confusion, and required staff assistance to choose her clothes. Staff A stated on 5/25/2021 the resident kept going to the doors and wandering, frequently looking</p>			
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	<p>out the window, and insisting the car outside belonged to her and she needed to get to it. Staff A commented it was her second day working on the memory care unit and other staff had told her Resident #1 wandered frequently. Staff A reported she and Staff H, CNA, the other aide on the unit, had finished assisting with dinner and then began assisting residents to get ready for bed. As Staff A helped another resident to their room, she saw Resident #1 in her night gown with a sweater on her arms at about 6 or 6:15 PM. Staff A asked Resident #1 if they could take it to the laundry and the resident declined. Staff A stated Resident #1 continued to walk up the hall toward the exit and set off the door alarms. Staff H and Staff B LPN went to assist Resident #1 and also turned off the alarms. Staff A said she went to assist other residents and had not seen Resident #1 after that, but at about 6:35 PM-6:45 PM Staff B, Staff H, and Staff A initiated a comprehensive search throughout the building. Staff H</p>			
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	<p>notified another CNA on Main and they searched the grounds. When asked, Staff A reported the doors always alarmed when opened, although she did not think they had any outside visitors on the unit that day. Staff A reported once the alarm is shut off, the door then locked (before the elopement). She also said when someone exited the unit, the doors locked but it took a couple of seconds. Staff A stated they have 3 staff on the memory care unit: a nurse, a CNA and an activity care giver.</p> <p>On 6/3/2021 at 11:24 AM an attempt was made to call Staff H and a message left with no call returned before the conclusion of the investigation. The facility's investigative file contained a statement from Staff H as follows:</p> <p>Staff H CNA indicated she and Staff A began to take residents to the bathroom after supper around 6:00</p>			
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	PM. Staff H heard the alarm at the end of the hallway activate and she left the bathroom to shut it off and observed Resident #1 walking back down the hallway at approximately 6:15 PM. She and Staff A continued to assist the residents to the bathroom. Staff H remembered walking out of the bathroom again at approximately 6:30-6:40 PM to take a resident back to their recliner and Staff B approached and asked if she had seen Resident #1 recently. She responded in the negative and started to help look. When they could not find her in the unit, Staff H walked to Main to inform another CNA they could not find Resident #1 at approximately 6:45 PM. They continued to search everywhere in all halls as well as looking out the windows. When it became apparent she was not in the building, Staff B called the DON around 7:10 PM. Staff H reported when she had last seen the resident, she wore blue jeans, tan socks, black shoes, a gray night gown, and pink sweater.			
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	<p>On 6/3/2021 at 11:52 AM the Director of Nursing (DON) stated on 5/25/2021 staff from the facility called to tell her they could not locate Resident #1, so she went to the facility. When she arrived, she saw staff escorting Resident #1 back home and she immediately began interviewing and educating staff. The DON reported Resident #1 lived on the memory care unit, could ambulate (walk) independently, had a history of wandering, and continued to do so in the present. She described the resident's pacing as her norm and said she is always ready to go and exit-seeking; staff constantly redirects her. The DON stated Resident #1 has been at the facility for about 6 weeks and continued to adjust. The DON said the alarmed memory care unit doors automatically locked when someone entered or exited after a 15 second delay, although after the elopement they changed it to a 5 second delay. She explained the facility had previously</p>			
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Health Facilities Division

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	<p>set the door to 15 seconds to allow someone to silence the alarm behind the desk and leave. The DON said she, the Administrator, and the Regional Nurse Consultant conducted the investigation and concluded she may have followed someone out of the memory care doors as the kitchen staff left that evening and since the facility had visitors in and out of a building, Resident #1 may have been left with them because the visitors may have not known she was a resident. The DON stated that is what she thinks is the only logical thing that could have happened and added upon occasion she noted 1 or 2 residents walk with her out of the memory care unit in the same way, although she was right there so they would walk back in together. The DON reported the football field is about 4 blocks from the facility and verified the facility did not utilize cameras.</p>			
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	<p>During a staff interview on 6/3/21 at 12:16 PM Staff B LPN described the resident as very active and independent and could go to the toilet independently, but she needed assistance with directions related to the location of the bathroom, reminders about when to eat and help with changing her clothes. Staff B reported the resident exhibited confusion, did not know where she was or what she was doing, and went to the back and front doors and set the alarms off, even when staff consistently redirected her. Staff B stated Resident #1 became angry if staff told her she lived at the facility and had made comments the evening she eloped about wanting to leave the unit. On 5/25/21, Resident #1 finished eating supper, went to the backdoor, and then set off the alarm, so the CNA reset it. Staff B stated she saw Resident #1 walking up the hall but had 2-3 other residents in the dining room that were at risk for falls and trying to stand up, so she had to redirect them. Staff B said she thought the resident</p>			
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	<p>went to the bathroom but then couldn't find her. She stated kitchen staff had come in and out around the time she last saw the resident (about 6:30 PM-6:40 PM) and then noticed Resident #1's absence about 6:45 PM. She immediately searched the unit, checked with the CNA's, and then continued her search throughout the facility. She commented there were no outside visitors on the memory care unit that afternoon, but after someone exited there was a 10 second delay on the door before it locked at that time. Staff B was asked if the memory care unit doors had always been alarmed when opened, she stated as far as she knew they had been, and reported the facility shortened the door delay after the elopement. Staff B stated the facility staffed 2 CNAs and 1 nurse on the unit and they check residents at least every 15 minutes. She added now Resident #1 always had a staff with her and wore a wanderguard.</p>			
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	<p>During a staff interview on 6/3/2021 at 12:48 PM, Staff C, Dietary Aide stated after collecting dinner dishes on the memory care unit, he had his back against the door on the way out and could see everyone from that vantage point, including Resident #1, in the hall. After he walked out he stated he pushed the door shut so Resident #1 could leave through the door. He stated Staff D CNA in the main dining room as he walked out of the unit saw him push the door shut. When asked what time he picked up the dinner dishes on the memory care unit, he stated he had no idea because he did not look at the clock. Staff C was asked if he saw Resident #1, he stated he saw her down the hall when he left and he felt there was no way she could have walked down the hall in 15 seconds to get out of the unit. Staff C was asked if the doors had locked after he left the memory care unit, he stated it takes 15 seconds for them to lock after they are opened but he heard the door latch after he walked out.</p>			
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	<p>During a staff interview on 6/3/2021 at 1:30 PM, Staff D CNA said on 5/25/2021, she was working on the main hall and when she came up to collect one of the residents around 7:00 PM, Staff H came out of the memory care unit and asked if she saw Resident #1, because they could not find her. Staff D stated she walked into the memory care unit to help the staff look for her and when they determined Resident #1 was not on the memory care unit, she exited and started to look on the main hall. When she could not locate her on the main hall, she went to east court to see if they saw her, and no one had. She then looked down the locked stairwells, down terrace hall, the assistant living hall, and out the door on assisted living to look outside. Staff D stated she went walked around the building outside and Resident #1 was not there. Staff D stated she walked toward the cemetery calling Resident #1's name. She noticed another staff member was driving</p>			
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	<p>around the area, so she got in with him and drove around to look for Resident #1. She stated when they saw pedestrians they would describe Resident #1 to them and asked if they saw her; no one had. They drove around town, came back to the facility, then drive down back of the building. Another staff member came out and started to search around the premise and in backyards, sheds, garages that were opened. Someone had called the facility and reported she was at the football field. Staff drove down and Resident #1 was sitting with the person that called along with another staff member that was off duty that day was down there with her. Staff D stated they had planned to walk with her back to the facility, but it was hot and she was hot. When asked how she could tell if Resident #1 was hot, she stated she was red in the face, short of breath had to walk with her when she usually walks herself. She said staff drove the resident back and walked her to the memory care unit. Staff D</p>			
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	<p>told staff to get her water because she was hot and sweaty. After that Staff D went back out to the main hall. Staff D was asked when Resident #1 was back in the facility, she stated by 7:45 PM. Staff D was asked if she saw anyone come in or out of unit she stated about 6:15 PM Staff C had walked out of the unit. Staff D stated she was in the dining room from 6:15 PM-6:30 PM. She stated about 6:30 PM she lift the main dining room which is located off of the memory care unit doors, to use the restroom. When asked if the memory care unit doors had a delay, she stated after leaving the unit it would delay but it was less than a minute.</p> <p>When asked in a staff interview on 6/3/2021 at 3:12 PM, the DON did not know for sure if they completed elopement assessments on everyone. She stated they should be doing them on admission but would need to ask the MDS coordinator. She came back and stated</p>			
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	<p>they transitioned from paper to an EHR on 5/1/2021 and Resident #1 would have had a paper assessment completed. When asked where it was because Resident #1's clinical record and EHR lacked an elopement assessment, she provided the resident's clinical record and a Wandering Assessment and stated they completed this on admission. When asked if they had an elopement assessment, she stated it had the same questions so they used that assessment.</p> <p>At 3:39 PM the MDS Coordinator and DON returned and the DON stated the facility updated the elopement/wandering policy on d 5/26/2021. The MDS Coordinator stated she previously completed wandering assessments on everyone that come to the facility. As of 5/26/2021, every resident had an elopement assessment completed, but previously they only did an elopement assessment if the wander</p>			
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	<p>assessment directed staff to do so (based on the responses to the questions.) When asked for the location of the elopements, she responded in the EHR since the transition of the new company, recently. They stated they transitioned from paper charting to electronic charting and will continue the assessments as they are due. The DON then commented that the wandering and elopement assessments were the same thing. When it was brought to her attention the paper wandering assessment did not include the following questions: has a history of or attempted elopement at home, history of or attempts to leave the facility without informing staff, resident verbally expressed the desire to go home pack belongings to go home or stayed near an exit door, she said its open to interpretation.</p> <p>In a subsequent interview on 6/3/2021 at 3:54 PM, the DON reported the previous policy directed staff to</p>			
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	<p>complete a wandering assessment for everyone upon admission and on 5/26/2021 they updated the policy to include the elopement assessments. The Regional Nurse Consultant verified the facility had not completed an elopement assessment upon Resident #1's admission. The Regional Nurse Consultant explained after the resident eloped, they reviewed the policy and determined they needed to implement elopement assessments and proceeded to complete one for all of the residents at that time on 5/26/2021. She reported after this initial assessment and going forward, staff will complete additional assessments for new admissions, readmissions, and when they do the MDS assessments.</p> <p>At 4:39 p.m., the Regional Nurse Consultant also verified the facility implemented a 1-1 staff person to stay with Resident #1 after she returned to the facility and would continue to provide 1-1 supervision for her</p>			
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	<p>safety until 6/4/2021 or 6/5/2021 when a wanderguard alarm is installed at the main entrance. After that time, the team will evaluate her need for continued 1-1 supervision.</p> <p>On 6/4/2021 at 9:10 AM, the Regional Nurse Consultant and Administrator reported the facility added bookcase wall coverings to the fire exit and double doors in the memory care unit and noted a decrease in the resident's attempts to leave the unit. With regard to wanderguards, if a resident scored high on the wandering assessment they would put a wanderguard on the resident or place them in the memory care unit. They would only apply a wanderguard if a resident on the unit engaged in exit-seeking behavior, otherwise, they would not.</p> <p>In a telephone interview on 6/8/2021 at 1:30 PM the State Climatologist reported a clear sky with no</p>			
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	<p>precipitation on 5/25/2021 at 6:30 PM, a temperature of 83 degrees Fahrenheit (F) with 30% humidity, and a NW wind at 10 miles per hour (MPH). At 7:30 PM, 76 F with 36% humidity and a 10 MPH wind from the N/NW.</p> <p>During the findings and exit meeting on 6/8/2021 at 10:30 AM, the facility reported the wanderguard installation at the main entrance continued and reinforced that Resident #1 remained under 1-1 supervision until they completed the alarm installation and still planned to review the resident's need for 1:1 supervision as a team after that.</p> <p>The updated Wandering and Elopement Policy dated 5/26/2021 defined wandering as the act of moving (walking or locomotion in a wheelchair) from place to place with or without a specified course or known direction. Wandering may or may not be aimless. The same policy defined elopement as when a cognitively</p>			
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	<p>impaired resident leaves the community/secured area without necessary authorization (i.e. an order for discharge or leave of absence) and/or necessary supervision to do so. The policy directed a licensed member of the clinical staff would complete a wandering/elopement risk evaluation tool for each resident to identify the level of risk which may lead to an elopement. The policy also directed when the staff would complete the assessment: upon admission or readmission, quarterly, upon a change in status/condition as it relates to unsafe wandering, after an elopement or elopement attempt or as required by state regulations.</p> <p>FACILITY RESPONSE:</p>			
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