IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 33682-I

June 23, 2011

Pam Hovden, Administrator
Bickford Cottage of Urbandale
5915 Sutton
Urbandale, IA 50322

RE: I. Final Incident Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Hovden:

I. Final Incident Investigation Report – Bickford Cottage of Urbandale, Urbandale, IA

Enclosed is the **Final Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69. The Report notes Regulatory Insufficiencies in the area(s) of: Occupancy Agreement, Evaluation of Tenant, Nurse Review, Food Service, Staffing, Dementia Specific Education for Program Personnel, Record Checks, Notification to Department and Program Policies and Procedures. **Bickford Cottage of Urbandale** ("Program") is being assessed a $6,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

II. Civil Penalty

If, within 30 days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481—67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order in the amount of thirty nine hundred dollars ($3900) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Conclusion

The Program is being assessed a $6,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on June 14, 2011, has been reviewed and will constitute the final POC related to the on-site visit of May 18 and 19, 2011.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so within 30 days of this letter.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident Investigation Report

Assisted Living Program: **Incident Intake #: 33682-I**

Pam Hovden, Administrator
Bickford of Urbandale
5915 Sutton
Urbandale, IA 50322

Date of Incident Investigation:

May 18 and 19, 2011

Monitor(s):

Lori Miner, RN BSN
Joyce Kix, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations. IAC r. 481-67.10(5). The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of an Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 481 IAC - chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site visit was conducted at Bickford of Urbandale on May 18 and 19, 2011. In preparing this report, the following information was considered:

Current Program Census:

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS) :	13
Current number of tenants without cognitive disorder:	23

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	8
Total Census of ALP:	44

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Program History – The program received regulatory insufficiencies during the Nov 15, 2010 recertification and incident investigation (33682-I) in the areas of nurse review and staffing.

On-Site Monitoring Evaluation – The monitors made the observations detailed in the following areas.

During the course of the investigation, the following information was identified:

A. Occupancy Agreement

- Monitoring Observation: Tenant #2, an 84 year-old, was admitted to the program on 8-18-03 with diagnoses of: Alzheimer's, Arthritis, History of Gastrointestinal Bleed, and Hyperlipidemia. The tenant was scored at six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. The tenant resided in the memory care area. The progress notes dated 4-12-11 indicated the program applied for a waiver as the tenant exceeded assisted living criteria. Progress notes dated 5-9-11 indicated the waiver request was denied. The occupancy agreement, dated 8-18-03, was not updated to meet current regulations including, but not limited to: exception to 30 day notice, required telephone numbers and internal appeals process.

- Tenant #3, a 98 year-old, was admitted to the program on 8-28-10 with diagnoses of: Dementia, Hypertension (HTN), and Glaucoma. The tenant was scored at four on the GDS which indicated moderate cognitive decline. The occupancy agreement dated 8-28-10 was not updated to meet current regulations including, but not limited to: exception to 30 day notice, required telephone numbers and internal appeals process.

- Tenant #5, an 87 year-old, was admitted to the program on 11-29-07 with diagnoses of: Alzheimer's Dementia, HTN, Osteoarthritis, and Macular Degeneration. The tenant was scored at six on the GDS scale which indicated very severe cognitive decline. On 4-19-11 the program applied for a waiver as the tenant exceeded assisted living criteria. The waiver request was denied in a letter dated 5-10-11. The occupancy agreement dated 11-29-07 was not updated to meet current regulations including, but not limited to: exception to 30 day notice, required telephone numbers and internal appeals process.

  The program provided the monitors with an addendum to the occupancy agreement dated 11-2011 which included designation of reasons for involuntary discharge regarding level of care requirements initiated by regulation 1-1-2010. The program failed to provide the tenants residing within the program at the time with the written information and/or obtain signatures indicating agreement to the terms noted in the addendum.

- Regulatory Insufficiency: In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: The telephone number for filing a complaint with the department; the telephone number for the office of the tenant advocate; the telephone number for reporting dependent adult abuse; a copy of the program's statement on tenants' rights; a statement that the tenant landlord law applies to assisted living programs; a statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency. (IAC r. 481-69.21(2)(a-f))

B. Evaluation of Tenant

- Monitoring Observation: Tenant #1, an 84 year-old, was admitted to the program on 4-1-11 with diagnoses of: Atrial Fibrillation, Heart Block, Alzheimer's, and Tremor. The tenant was scored at four on the GDS which indicated moderate cognitive decline. A health evaluation was not completed prior to admission.

  Tenant #3, a 98 year-old, was admitted to the program on 8-28-10 with diagnoses of: Dementia, Hypertension (HTN), and Glaucoma. On 12-21-10 the tenant was scored at four on the GDS which indicated moderate cognitive decline. Functional and health evaluations were completed on 3-18-11. The service plan was dated 3-21-11. A cognitive evaluation was not completed with the service plan update.

  Tenant #4, a 79 year-old, was admitted to the program on 3-1-11 with diagnoses of: T5 Paresis, Spasticity, Neurogenic Bladder with Foley Catheter, Recurrent Urinary Tract Infections, Osteoarthritis, Kidney Disease Stage III, Diabetes Type II, HTN, Transient Ischemic Attacks, and Four-Vessel Coronary Artery Bypass Graft. A cognitive evaluation was not completed at 30 days.

  The progress notes for Tenant #4 indicated the following:

DATE/TIME	NOTES:

3-8-11 1530	Catheter changed
3-12-11 1100	Frank blood dripping from urethral opening.
3-13-11 1045	Blood continues to drip around opening; small clot passed
3-13-11 1050	On-call nurse called. Stated tenant should be sent out as ... is taking Coumadin (an anticoagulant). Family notified
3-13-11 1130	Family asking for order to stop Coumadin "to see if the bleeding will stop on its own"
3-13-11 1330	Physician will not stop Coumadin. Physician suggests tenant be brought in. Tenant and family do not want to go in
3-14-11 1200	To hospital via ambulance for increased bleeding
3-14-11 1630	Returned from hospital – on antibiotics for Urinary Tract Infection
3-21-11 0900	Large amount of bright red bleeding and clots noted
DATE/TIME	**NOTES:**
3-22-11 0900	Blood pressure 98/58, heart rate 68
3-22-11 1400	Blood pressure 114/62 heart rate 74
	There are no progress notes again until 3-25-11 at 2100
3-25-11 2100	Tenant indicated blood in urine-started at 8 a.m. On-call nurse notified
3-26-11 0800	Blood pressure 104/62, actively bleeding from urethral opening. On-call nurse notified – said tenant should be sent out
3-26-11 0900	Unable to reach family, tenant refuses to be sent to hospital
3-26-11 1030	Blood pressure 90/64 heart rate 96. Tenant requesting to stay in bed
3-26-11 afternoon	Tenant dripping blood from urethral opening. Family said they were waiting till Monday to take tenant in
3-28-11 written as late entry 3-31-11	Large amount of blood on brief. Certified Medication Aide (CMA) explained to tenant that blood loss was serious, but tenant refused to go to hospital
3-29-11 6 p.m.	Doctor gave verbal orders for tenant to be taken to hospital for evaluation. "Will pass on to next shift."

The progress notes lacked documentation by a registered nurse from 3-12-11 to 3-14-11. There was no documentation of any kind in the progress notes from 3-22-11 at 1400 to 3-25-11 at 2100. The last entry by a registered nurse was 3-22-11 at 1400. The tenant was admitted to the hospital on 3-29-11 with a diagnosis of acute blood-loss anemia secondary to bleeding from the foley catheter insertion site. Upon hospital admission, the Tenant's hemoglobin was 5.6 (normal hemoglobin is 13.8 to 17.2). The program failed to have the nurse assess and/or complete necessary evaluations with the tenant's significant changes in condition.

- Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the

program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

C. Nurse Review

During the course of the investigation, the following information was identified:

- Monitoring Observation: An incident report for Tenant #3 dated 5-11-11 indicated the tenant was found on the floor. The tenant was noted to have a temperature of 100 degrees. The physician was notified via fax and orders were obtained for a chest x-ray and urinalysis. Progress notes dated 5-13-11 indicated family was notified the tenant had a temperature and needed urgent care. The clinical record lacked documentation that a nurse evaluated the tenant's condition and a nurse review was not completed after the fall or with the change of condition.

The progress notes for Tenant #4 indicated the following:

DATE/TIME	**NOTES:**
3-8-11 1530	Catheter changed
3-12-11 1100	Frank blood dripping from urethral opening.
3-13-11 1045	Blood continues to drip around opening; small clot passed
3-13-11 1050	On-call nurse called. Stated tenant should be sent out as ... is taking Coumadin (an anticoagulant). Family notified
3-13-11 1130	Family asking for order to stop Coumadin "to see if the bleeding will stop on its own"
3-13-11 1330	Physician will not stop Coumadin. Physician suggests tenant be brought in. Tenant and family do not want to go in
3-14-11 1200	To hospital via ambulance for increased bleeding
3-14-11 1630	Returned from hospital – on antibiotics for Urinary Tract Infection
3-21-11 0900	Large amount of bright red bleeding and clots noted
DATE/TIME	**NOTES:**
3-22-11 0900	Blood pressure 98/58, heart rate 68
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3-25-11 2100	Tenant indicated blood in urine-started at 8 a.m. On-call nurse notified

3-26-11 0800	Blood pressure 104/62, actively bleeding from urethral opening. On-call nurse notified – said tenant should be sent out
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3-28-11 written as late entry 3-31-11	Large amount of blood on brief. Certified Medication Aide (CMA) explained to tenant that blood loss was serious, but tenant refused to go to hospital
3-29-11 6 p.m.	Doctor gave verbal orders for tenant to be taken to hospital for evaluation. "Will pass on to next shift."

The progress notes lacked documentation by a registered nurse from 3-12-11 to 3-14-11. There was no documentation of any kind in the progress notes from 3-22-11 at 1400 to 3-25-11 at 2100. The last entry by a registered nurse was 3-22-11 at 1400. The tenant was admitted to the hospital on 3-29-11 with a diagnosis of acute blood-loss anemia secondary to bleeding from the foley catheter insertion site. Upon hospital admission, the Tenant's hemoglobin was 5.6 (normal hemoglobin is 13.8 to 17.2). The program failed to have the nurse assess and/or complete necessary evaluations with the tenant's significant changes in condition.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

D. Food Service

- Monitoring Observation: Staff #3 was hired as a Certified Nursing Assistant (CNA) on 3-15-11. Staff #4 was hired as a CNA on 3-24-11. The program's corporate nurse stated that all nursing staff was required within their job duties to provide food service to tenants. The program failed to provide documentation of an in-service on sanitation and training on safe food handling.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

E. Staffing

Incident Allegation: The program reported a tenant eloped from a secured dementia unit.

- Monitoring Observation: The department was notified by the program of the elopement of Tenant #1 on 4-13-11. The incident report was dated 4-13-11 and was completed by Staff #1 who was not onsite at the time of the incident. The incident report indicated at 9:01 p.m. on 4-13-11 the front door alarm went off. At 9:05 p.m. Staff #6 went to the front door and reset the alarm. A family entered the building at that same time and Staff #6 did not look to see if a tenant had set off the door alarm. The incident report indicated Tenant #1 exited the building at 9:01 p.m. Staff #7 received a phone call from an off-duty staff member that the tenant was one-half block away on road by hotel. Staff #7 left the building at 9:10 p.m. to get the tenant. Tenant#1 was reported to be stable and without injury. The progress notes dated 4-14-11 at 1000 indicated the elopement of 4-13-11. The progress notes indicated the tenant returned to the building at 2112 or 9:12 p.m.
The progress notes indicated the HomeFree watch did not alarm when the tenant exited the building despite a check of the system earlier in the day. The program provided documentation of the system testing on 4-13-11. It was indicated the issue was corrected 4-14-11 at 11:00 a.m. A review of the HomeFree log indicated at 9:01 p.m. Tenant #1 triggered the door alarm at the front door. At 9:02 p.m. the tenant was by room 104 and at 9:03 p.m. was by the front area. The front door keypad was pushed at 9:05 p.m. The alarm was reset at 9:05 p.m. At 9:10 p.m. Tenant #1 triggered the kitchen door alarm and it was immediately reset. During the onsite visit, it was noted that the HomeFree system did not always alarm when the front door was open and tenants were nearby.

  A telephone call was made to the State Climatologist, regarding the weather conditions on the evening of 4-13-11. He reported at 8:54 p.m. on 4-13-11 for the Des Moines area, the temperature was 60 degrees with 18 mile per hour (mph) winds, gusting to 24 mph. There was no precipitation.

  The handwritten statement from Staff #7 regarding the incident indicated at around 9:00 p.m. he was taking a break in the break room. He was called by Staff #8 at 9:07 and was told Tenant #1 was walking down sidewalk. Staff #7 ran out to find tenant near a local hotel and walked the tenant back to the program .

  An interview was conducted with Staff #8 who indicated she was off-duty at the time of the incident. Staff #8 lived near the program and was out walking her dog around 9:15 p.m. Staff #8 was close enough to the program building that she could hear an alarm. Staff #8 crossed the street to be on the same side of the street as the program. She recognized the person walking as a tenant. She redirected the tenant, and then used her cell phone to contact Staff #7 who was on duty. Staff #7 responded immediately and returned the tenant to the building. Staff #8 indicated she could hear other staff on Staff #7's "walkie" that tenant was missing. Staff #8 indicated Tenant #1 was wearing a long-sleeved shirt, pants, and shoes.

  A phone interview was conducted with Staff #6 who was working at the time of the incident. She indicated at 8:45 p.m. on 4-13-11 she communicated to coworkers she would be assisting a tenant with a shower. Staff #5 responded she was also with a tenant. Staff #7 did not respond. After putting the other tenant to bed, Staff #6 left the room and heard the door alarm and went to find another tenant and family returning. She turned off the door alarm. She indicated she had been concerned about Tenant #1, but did not see him/her in the proximate area. Staff #6 looked back

through the pager and saw one alarm for Tenant #1 but it was no longer going off. Staff #6 indicated she directed others to look for Tenant #1 as he/she could not be found. Staff #6 then received a call from Staff #7 who was outside taking a break that he had received a call and the tenant had been found. Staff #6 reported Tenant #1 was dressed in a long-sleeved shirt, pants, and shoes. Staff #6 reported that Staff #7 did not have a pager on at the time, and did not do a report. Staff #6 indicated there is no hands-on training for the HomeFree security system.

A phone interview was conducted with Staff #5 who had been in another portion of the program. She had not heard any alarm sounding. Staff #5 saw Staff #6 who was looking for Tenant #1. Staff #5 radioed to other staff to look for Tenant #1. Staff #5 indicated she had compared pagers with Staff #6 and they were not showing the same information. Staff #5 indicated there was no training with the HomeFree system like you would a fire drill.

Staff #9 indicated there is training on the alarm system every two to three months. The old staff shows the new staff how to use the system.

Staff #10 indicated the old employees train the new employees on the alarm system.

Staff #3 was hired 3-15-11 and indicated she did not know how the alarm system worked. The program failed to provide documentation of alarm system training for Staff #3. Staff #4 was hired 3-24-11. The program failed to provide documentation of alarm system training for Staff #4. Documentation of alarm system training for Staff #6 included a post-test with a hand-written not that indicated "please complete and return – use HomeFree staff manual to help."

The incident report dated 4-13-11indicated future action would be mandatory staff training on 4-15-11 at 2:30 p.m. on HomeFree alarms and elopement drills. Three staff persons (#5, #6 and #7) involved in the incident were placed on a three-day suspension for not following policy. The corporate nurse indicated the staff's pagers were to be on at all times and during the incident, staff had turned off their pagers for break time. Two of the staff members involved in the incident, #5 and #6 did not sign the attendance sheet at the mandatory in-service dated 4-15-11.

According to the policy "Missing Resident/Unwitnessed Door Alarm Drill Schedule" the program shall perform a drill quarterly. The program was asked to provide the documentation for the drills for six months prior to the elopement. The program failed to provide documentation of a drill prior to the elopement of 4-13-11.

- Regulatory Insufficiency: The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (IAC r. 481-69.29(3))

During the course of the investigation, the following information was identified.

- Monitoring Observation: Staff #3 was hired 3-15-11, Staff #4 was hired 3-24-11, and Staff #5 was hired 11-9-10. All were hired as Certified Nursing Assistants (CNA) to provide care and food service to the program tenants. The program failed to provide

documentation of Registered Nurse (RN) delegations for activities of daily living or special skills such as indwelling catheter care.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

F. Dementia-specific education for program personnel

- Monitoring Observation: Staff #3 was hired as a Certified Nursing Assistant (CNA) on 3-15-11. Staff #4 was hired as a CNA on 3-24-11. The program failed to provide documentation of eight hours of dementia training within 30 days of employment.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

G. Record Checks

- Monitoring Observation: Staff #3 was hired 3-15-11. The report on the dependent adult abuse check indicated the database was unavailable and a request for a registries check would need to be tried again later. The program did not provide documentation of a completed dependent adult abuse check.

  Staff #4 was hired on 3-24-11. Staff #1 indicated there had been flooding in the office and no background check information was available for this staff person. The program failed to provide documentation of a criminal history, dependent adult abuse or child abuse check.

- Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the preemployment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))

H. Notification to Department

Incident Allegation: The department was not notified within 24 hours after an elopement.

- Monitoring Observation: The program reported to the department Tenant #1 eloped from the program on 4-13-11. The report was made on 4-15-11. The program attempted to access the online reporting system on 4-14-11 and was unable to do so. The program attempted to fax a report to the department on 4-14-11. The fax cover

sheet was dated 4-14-11 at 5:57 p.m. A fax confirmation sheet indicated a fax was sent to the general department number, 242-5022 at 4:57 p.m. on 4-14-11. The fax sheet indicated the line was busy. Staff #1 tried to call the department but the voice mailbox would not accept messages. The department received notification by fax on 4-15-11. The program continued to contact the department to gain access to the online system.

During the course of the investigation, the following information was identified:

Progress notes for Tenant #1 dated 4-10-11 indicated the tenant was out of the building unattended. A staff person was walking down the hallway and heard the alarm on the door by room 119 going off. Staff went out the door and walked to the corner of the building to see if anyone went out the door and then saw Tenant #1 going down the sidewalk. The tenant followed the sidewalk from the west side of the building to the east side of the building. According to Staff #2, the tenant was walking fast and staff was following behind. It was reported the pager did not indicate the tenant had left the building. Staff caught up with the tenant and re-entered the building with staff. Door alarm records indicated the alarm was reset at 11:08 a.m. for the door near room 119 and the front door alarm was reset at 11:12 a.m. The incident report indicated the program director and nurse were notified. The incident was not reported to the department.

- Regulatory Insufficiency: Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available when a tenant elopes from a program. (IAC r. 481-67.4(4))

I. Program Policies and Procedures

- Monitoring Observation: Staff #1indicated Staff #7 was placed on suspension following the elopement of Tenant #1 on 4-13-11 for turning off his pager while he was on break. An interview with Staff #6 stated at a meeting the next day Staff #7 admitted he did not have his pager on at the time of the incident. The HomeFree Use and Maintenance Policy section 2(c) indicated a staff member may be disciplined for not having the pager on at any time while on duty. By turning off the pager, the staff person was not in compliance with program policies.

  The incident report dated 4-13-11 concerning the elopement of Tenant #1 was not completed or signed by a staff person in charge at the time of the incident.

  The program indicated in response to the elopement of 4-13-11 a mandatory training session would be held on 4-15-11. The Missing Resident/Unwitnessed Door Alarm Drill Schedule indicated the Missing Resident/Unwitnessed Door Alarm Drill Report was to be used to document the drill. The training of 4-13-11 was documented on plain paper.

- Regulatory Insufficiency: Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures

related to the reporting of incidents including allegations of dependent adult abuse. The program's policies and procedures on incident reports, at a minimum, shall include the following: The person in charge at the time of the incident shall prepare and sign the report. (IAC r. 481-67.2(1)(c))

Dated this 15th day of June, 2011.