IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 52004-I

March 9, 2015

Ms. Kristen Milledge, Director
Homestead of Chariton
1110 North 6th Street
Chariton, IA 50049

RE: Final Complaint/Incident Investigation Report – Homestead of Chariton, Chariton, IA

Dear Ms. Milledge:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 2, 2015, 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.

On 2-24-15, the Program reported the elopement of a tenant to the Department within the appropriate time frame.

Based on staff interviews, review of the tenant file, and policies, no insufficiencies were cited. On 2-14-15, the tenant was discharged from the hospital and medications were changed. The physician alerted the Program to observe the tenant for wandering. Evaluations of function, cognition, and health were completed on 2-14-15. The GDS was at four, up from the previous evaluation of October 2014 when the tenant was staged at three. The service plan of 2-14-15 included staff were to observe the tenant for wandering, and the exit door nearest the tenant's apartment was secured.

Staff working the night of the elopement reported they were watching the tenant. Staff reported observing the tenant in the dining room and being gone no more than five minutes when a tenant was reported missing. The Nurse thought the tenant may have been gone no more than 15 minutes. When staff learned a tenant may have been missing, the elopement policy was followed. The tenant was immediately returned from the hospital, located next door, after the hospital staff phoned to report the tenant's presence at the hospital. The Nurse was onsite upon the tenant's return

and immediately assessed the tenant and no injuries were found. The tenant was shivering and the tenant was placed in warm blankets. The tenant was immediately placed on 30 minute checks. Evaluations of function, cognition, and health were completed the next day, and the service plan was updated to include the 30 minute checks and use of the wander guard system. A plan was in place to move the tenant to an apartment closer to the front of the building.

On 2-28-15, the family came to move the tenant to the new apartment and instead took the tenant to the hospital. At the time of the onsite visit, it was not clear as to the reason for admission. The tenant had not returned to the Program at the time of the onsite visit. At exit, the Program reported the tenant would not be returning due to continued exit-seeking behavior. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0233	A. BUILDING: _____ B. WING _____	C 03/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF CHARITON	1110 NORTH 6TH STREET CHARITON, IA 50049

(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) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 33 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 37 TOTAL census of Assisted Living Program: 37 No regulatory insufficiencies were cited during the investigation of Incident #52004-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE