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
	S0280	A. BUILDING: _____ B. WING _____	C 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER VALLEY PLACE OF FORT MADISON	5025 RIVER VALLEY ROAD FORT MADISON, IA 52627

(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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 32 Number of tenants with cognitive impairment: 8 Total census: 40 No regulatory insufficiencies were cited during the investigation of Complaint #111818-C. The following regulatory insufficiencies were cited during the investigation of Incident #111565-I.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow establised policies and procedures for door alarms and elopement drills for 1 of 1 tenants reviewed for Incident #111565-I (Tenant #1). Findings follow: Record review on 9/5/23 revealed the following: Tenant #1's Service Plan dated 7/25/22 noted he required hourly safety checks due to short term memory impairment, needed redirection when mixed up on where he was in the building, ambulated with a walker with a risk for falls, and needed total assistance to exit the building.	A 150		

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

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A 150	Continued From page 1 A Global Deterioration Scale (GDS) dated 7/25/22 indicated Tenant #1 was staged at 4 which indicated moderate cognitive decline. On 2/20/23 his GDS was staged at 5 which indicated moderately severe cognitive decline. An Incident Report dated 2/17/23 revealed Tenant #1 walked out the front door and a visitor found him walking around the parking lot looking for his car. She reported this to Staff A and they redirected him back into the building. The family took him to the hospital for an assessment. When he returned 30 minutes checks were implemented until he moved to the memory care. An Internal Investigation dated 2/20/23 documented the door opened at approximately 5:14 p.m. and at approximately 5:30 p.m., a visitor notified Staff A Tenant #1 was outside looking for his car. The Summary of Investigative Conclusions noted the pagers were sending the alarms however, no one checked to see who went out or was coming in. Tenant #1 was outside approximately 13 minutes and the temperature outside was 29 degrees. The Door Alarm Response procedure revealed staff were to immediately check inside and outside of the door that was breached. Staff could reset the door alarm only after knowing who came in or out. Quarterly Elopement Drill Instructions noted a drill was to be completed quarterly and rotated through each shift so that all shifts participated in at least one elopement drill in a year. Further review revealed door alarms were never to be cleared without the proper investigation. Team members were to look inside and outside of the	A 150		

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A 150	Continued From page 2	A 150		

community to determine why the door alarmed, physically exit and search the perimeter. Team members who cleared an alarm without following procedure would be disciplined, up to and including termination.

Employee Investigation Questions conducted by the Administrator revealed Staff A stated the front door alarmed. Staff B said the pager indicated the front door alarmed, and Staff C reported no door alarmed.

According to the state climatologist the weather in Fort Madison on 2/17/23 around 5:15 p.m. was 28 degrees Fahrenheit with relative humidity of 74%. The sky was clear with calm winds.

The Program was located in a semi-remote heavily wooded area approximately a quarter mile from a 4 lane highway.

When interviewed on 9/5/23 Staff A stated she worked for the Program for 8 years as an administrative assistant and went to part time last year. She stated she did not see Tenant #1 exit the building as she was in the nurse's office filing paperwork. After a visitor told her he was outside, she went to him and he returned to the building. Staff A recalled he wore clothing appropriate for the weather including a jacket and hat. She reported she was unsure what to do if the door alarms sounded and she did not have a pager. She commented she did not recall the procedure for door alarms.

Staff B and Staff C no longer worked for the Program and could not be reached for an interview.

When interviewed on 9/5/23 at 5:11 p.m. the

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A 150	Continued From page 3 Administrator confirmed no quarterly drills had been completed in the past 7 months prior to the elopement and none of the staff were disciplined for failure to follow the procedure for door alarms. She stated she conducted elopement drills and reeducation to all staff immediately after this incident.	A 150	Resident was moved back to MC. instant Inservice to all employees for Door Alarm response Instant Inservice for all employees Elopement Policy and Procedures Elopement drills being conducted on a Monthly basis by Maintenance. Results of monthly drill will be brought to QAPI committee for review and action plan developed if indicated.	02/17/23 03/01/23 02/19/23 Ongoing