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
	S0307	A. BUILDING: _____ B. WING _____	C 08/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK SENIOR LIVING MC	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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. General Population Program Number of tenants without cognitive disorder: 39 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 12 Total Census: 51 The following regulatory insufficiencies were cited during the investigation of Incident #99172-I. There were no concerns noted during the onsite infection control survey.	A 000	Plan of Correction is attached	
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the program failed to ensure the exit door in the dementia unit leading outside to the courtyard had an operating alarm system in place at all times. Findings include: On 8/18/21 at 6:14 p.m. observation revealed a staff disabling the exit door's alarm system when	A 635		

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

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A 635	Continued From page 1 going outside to the courtyard and propping the door open with bricks. Staff reported residents went out to sit in the courtyard with staff or family. The door was routinely left propped open so those in the courtyard could get back inside the building. The key pad on the exterior of the door was not working and hadn't for some time. As a result, there was no operating alarm system in place when the exit door was propped open and the alarm disabled. On 8/16/21 the Program self-reported an incident of elopement by Tenant #1 on 8/13/21. The tenant had left the courtyard through the gate which was to be locked. There were no known injuries. Tenant #1 had last been seen inside the Program between 4:30 p.m. and 4:35 p.m. He was seen by a kitchen staff outside of the AL dining room window at 4:40 p.m. At approximately 4:45 p.m. staff observed Tenant #1 outside of another tenant's window and returned him to the facility without injury. The actual time Tenant #1 entered the courtyard from the building and the time he exited through the unlocked gate could not be determined. On 8/18/21 at 6:31 p.m. Staff H stated the exit door was propped open by a brick the afternnon of 8/13/21. On 8/25/21 at 11:56 a.m. the Executive Director confirmed this finding.	A 635		
A 710	481-69.35(1)b Structural Requirements 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.	A 710		

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A 710	Continued From page 2	A 710		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to ensure the courtyard off the memory care unit remained safe and secure at all times. Findings include:

On 8/16/21 the Program self-reported an incident of elopement by Tenant #1 on 8/13/21. The tenant had left the courtyard through the gate which was to be locked. There were no known injuries.

Record review revealed Tenant #1 lived in the memory care unit with eleven other adults. This area served 12 members with a GDS score of 4 or above. The GDS score of Tenant #1 was noted at a 7.

On 8/18/21 at 4:42 p.m. interview with the Executive Director revealed on 8/13/21 the gate to the fence used to secure the courtyard had been left unlocked. Staff had unlocked the gate to allow the landscaping company in to put down mulch. When the landscapers left, they failed to let staff know so the gate could be locked again. The deadbolt style lock required a key to lock and unlock it. The courtyard is located outside of the main building and is an area used by members and their families for recreation. There was no system in place at that time to check the gate to make sure it was locked.

The staff person who unlocked the gate failed to remember to go back and relock the gate or pass it on at shift change that this gate was left open. The gate remained open until it was learned Tenant #1 had left the courtyard through the

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A 710	Continued From page 3 unlocked gate at an unknown time. Tenant #1 had last been seen inside the Program between 4:30 p.m. and 4:35 p.m. He was seen by a kitchen staff outside of the AL dining room window at 4:40 p.m. At approximately 4:45 p.m. staff observed Tenant #1 outside of another tenant's window and returned him to the facility without injury. The actual time Tenant #1 exited the courtyard through the unlocked gate could not be determined.	A 710		

October 22nd, 2021Ms. Deb Dixon, Program Coordinator

Adult/Special Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Whispering Creek Plan of Correction

Dear Ms. Dixon

Enclosed is the required "Plan of Correction" regarding the Mandatory Report Survey which was conducted between August 18th- August 25th, 2021. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-69.32(2) Life Safety – Emergency Polices/Structure

- Door alarm system was checked on October 19th, 2021, by ASI. Maintenance of the door will be starting the week of October 25th, 2021.
- Exit Doors are checked each shift by nursing staff to ensure they are locked, alarmed, and working properly.
- Door alarms are checked weekly by maintenance staff, to ensure that alarm is setting off to main system and pagers are alarming appropriately.
- Equipment checks will be done monthly to ensure pagers and communication devices are working appropriately.

IAC r 481-69.35(1)b – Structural Requirements

- A plan was created and reviewed with the lawn care company regarding entering and exiting the courtyard.
- Education completed on August 25th, 2021, regarding the procedure for letting lawn care company in and out of the patio gate.
- Education completed on September 15th, 2021, regarding staff utilization of the courtyard and notification to other team members regarding being in the courtyard.
- On the day lawn care is being performed, the patio gate will be checked at the end of each shift to ensure it is locked.
- Completion for this Plan of correction is October 29th, 2021

Sincerely,

Jacque Kreber, ED

Executive Director/Whispering Creek

10/27/21