

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/30/2015
NAME OF PROVIDER OR SUPPLIER BARKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001		
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(F 000)	<p>INITIAL COMMENTS</p> <p>An onsite Revisit Survey to the 12/11/14 Abbreviated Survey was conducted, on 01/09/15 through 01/30/15 in conjunction with an Abbreviated/Partial Extended Survey investigating complaint #KY22654. Complaint #KY22654 was substantiated with deficiencies recited at F282 and F323 at a Scope and Severity of a "J". A Partial Extended Survey was conducted on 01/30/15. The State Survey Agency determined F280 was corrected; however, F282 and F323 remained out of compliance.</p> <p>On 11/21/14 at 4:45 PM, a resident exited the building without staff's knowledge and was observed in the facility's parking lot, unsupervised by staff. The facility was cited an Immediate Jeopardy on the 12/11/14 Abbreviated Survey related to this incident. The facility developed and implemented an Allegation of Compliance (AoC) and Plan of Correction (PoC) which included education to ensure staff was aware and could recognize the sound of the different door alarms and the procedures to follow if an alarm sounded. However, on 01/04/15 at approximately 6:15 AM-6:30 AM, a door alarm sounded and Registered Nurse (RN) #1 turned off the alarm. The RN failed to conduct a head count and search outside the door to ensure a resident had not exited the building. At approximately 6:40 AM, Certified Nurse Aide (CNA) #2 identified Resident #1 was not in the facility. Resident #1 had exited the facility without staff's knowledge and was discovered outside on a main road at approximately 6:45 AM. The resident was last observed by staff at 6:15 AM.</p> <p>Immediate Jeopardy (IJ) was identified in the</p>	(F 000)	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Barkley Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chandra Tyeatt

TITLE

Administrator

(X6) DATE

03/03/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

3/24/15

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{F 000}	Continued From page 1 areas of 483.20 Resident Assessment at F282; 483.25 Quality of Care at F323; and, 483.75 Administration at F490 and F520. Substandard Quality of Care was identified at 483.25 Quality of Care (F323). Immediate Jeopardy was identified on 01/16/15 and determined to exist on 01/04/15. The facility was notified of the Immediate Jeopardy on 01/16/15. An acceptable AoC was received on 01/26/15 and the State Survey Agency validated the Immediate Jeopardy was removed on 01/13/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.	{F 000}	F 282 On 01/04/2015, Resident #1's care plan was updated by the RN MDS coordinator to include an updated elopement evaluation and one to one observation. Resident #1 remained on one to one observation until he/she was transferred to a secure facility on 1/26/2015. On 01/04/2015, the care plans and care cards for residents evaluated as at risk of elopement were reviewed and updated as indicated by RN MDS Coordinator. Residents residing in the center with elopement risk were reviewed by the RN MDS Coordinator on 01/04/2015 (13 of 13). The Elopement Risk Evaluations for at risk residents, care plans and care cards were reviewed and updated as indicated by RN MDS Coordinator on 01/04/2015. The thirteen residents at risk for elopement utilize a code alert bracelet. Fifty nine of sixty SNF residents not currently identified as at risk for elopement were reviewed by the RN MDS Coordinator on 01/04/2015 for elopement risk utilizing elopement risk evaluations. One resident was on a hospital bed hold and was reviewed upon re-admission. No other residents were identified for elopement risk.		
{F 282} SS=J	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review and the facility's policy review it was determined the facility failed to have an effective system in place to ensure the Comprehensive Care Plan was implemented for one (1) of six (6) sampled residents (Resident #1) when he/she exhibited behaviors of exit seeking and indicated the resident was at an increased risk of elopement. Resident #1 was assessed and care planned to be at risk for elopement due to behaviors of exit	{F 282}			

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(F 282)	Continued From page 2 seeking. The resident was care planned for staff to redirect the resident when the security system sounded and/or a resident attempted to leave the building; stay with the resident and provide support and supervision until they (staff) are able to redirect the resident; provide 1:1 interactions and support as needed; and, in the event of an elopement, staff should follow the search and reporting protocols. On 01/03/15 and 01/04/15, Resident #1 was up all night wanting to go home and he/she had packed a suitcase and was sitting in the lobby. Staff failed to redirect the resident or stay with the resident to provide support and supervision until the resident was redirected, as stated in the care plan. On 01/04/15 at approximately 6:15 AM, a door alarm sounded and Registered Nurse (RN) #1 turned off the alarm. However, the facility failed to follow the resident's care plan, as the RN failed to follow the facility's search and reporting protocols to conduct a head count and search outside to ensure a resident had not exited the building. Resident #1's roommate informed staff that the resident had gone for a walk. At approximately 6:40 AM, Certified Nurse Aide (CNA) #2 identified Resident #1 was not in the facility. The resident was discovered outside on the main road at 6:45 AM. The facility's failure to implement the care plan caused, or was likely to cause, serious injury, harm, impairment, or death to residents at the facility. Immediate Jeopardy (IJ) was identified on 01/16/15 and determined to exist on 01/04/15. The facility was notified of the Immediate Jeopardy on 01/16/15. An acceptable Allegation of Compliance (AoC) was received on 01/26/15 and the State Survey Agency validated the	(F 282)	Two additional residents were identified at risk of elopement on 1/23/15 and 2/12/15 by using the elopement risk assessment. Two residents were identified by using the elopement risk assessment as no longer being at risk of elopement and were removed on 1/13/15 and 1/28/15. As of 2/12/15, a total of 11 residents at risk of elopement reside in the center. On 01/04/2015, re-education that included updating care plans for a change in behavior was initiated by the Nurse Practice Educator or Administrator. As of 01/09/2015, 111 of 116 employees or contract employees have completed this education. 5 of 116 employees are on leave or only work PRN and will complete this education before returning to work. A post-test with validation of a 100% pass rate was completed for all tests with grading validated by a member of the center leadership team which includes the Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, Admissions Director, Therapy Program Manager, Dining Services Director, Payroll/Benefits Coordinator, or RN MDS Coordinator. All new employees will receive this education and post-test with a validation of a 100% pass rating before being allowed to work independently.		

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{F 282}	<p>Continued From page 3</p> <p>Immediate Jeopardy was removed on 01/13/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Elopement of Patient", last revised 05/15/14, revealed "Residents should be evaluated for elopement risk upon admission, readmission, quarterly and with a change in condition as part of the nursing assessment process. Those determined to be at risk will receive appropriate interventions to reduce risk and minimize injury. For patients identified as at risk, an interdisciplinary elopement prevention care plan will be developed with family and patient participation. Individual risk factors and patterns will be identified and addressed within the care plan."</p> <p>Review of the facility's policy and procedures titled, "Care Plans", last revised 01/02/14 revealed a comprehensive, individualized care plan should be developed by the interdisciplinary team for each resident. The care plan should include measurable objectives to meet resident needs and goals as identified by the assessment process. The purpose of the care plan was to provide the necessary care and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>Record review revealed the facility admitted Resident #1 on 12/22/14 with diagnoses which included Diabetes Type II, Alzheimer Disease, Generalized Muscle Weakness, Difficulty in</p>	{F 282}	<p>Re-education included:</p> <p>Center policies on elopement prevention & management.</p> <p>The sound of an emergency exit alarm and the sound of the wander guard alarm</p> <p>Expected staff response to a sounding exit door alarm (see attachment A)</p> <p>A change in behavior indicates a need for an updated individualized intervention on the care plan (see attachment A)</p> <p>The facility policy for updating a residents' plan of care for a change in behavior, including the implementation of a care plan.</p> <p>Beginning on 01/04/2015, care plan audits for diversional activities for those identified to be at risk of elopement will be completed by the Registered Nurse, Licensed Practical Nurse, Nurse Practice Educator, Assistant Director of Nursing, RN MDS Coordinator, Director of Nursing, or Administrator. These audits will be completed on five residents daily for 14 days, then five residents weekly for 8 weeks and then five residents monthly for two months.</p>		

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{F 282}	<p>Continued From page 4</p> <p>Walking, Dementia Unspecified with Behavioral Disturbance, Unspecified Psychosis, and Unspecified chronic Ischemic Heart Disease. Review of the Admission Minimum Data Set Assessment, dated 12/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of nine (9) which indicated the resident was interviewable; however, the resident was diagnosed with Alzheimer's, Dementia and Psychoses. The resident was assessed as requiring extensive assistance of two (2) staff with Activities of Daily Living (ADLs), and supervision while walking in the halls, on the unit and off the unit (locomotion).</p> <p>Review of Resident #1's Comprehensive Care Plan for Elopement related to Dementia, Cognitive Loss and Delusional Psychosis, last revised 12/31/14, revealed staff should redirect the resident when the security system sounds and/or he/she attempts to leave the building. Stay with the resident and provide support and supervision until they (staff) are able to redirect the resident. Further review revealed in the event of an elopement, staff should follow the search and reporting protocols.</p> <p>Review of Resident #1's Comprehensive Care Plan, last revised 12/31/14, revealed the resident had a history of Delusional Psychosis and early Dementia and exhibited behaviors of physical aggression, wandering into others' rooms, exit seeking, resists care or treatment and verbal aggression (yelling at staff). Interventions included to maintain a safe environment, identify behavior triggers and reduce exposures to triggers, and provide 1:1 interactions and support as needed.</p>	{F 282}	<p>Charge Nurses (RN and/or LPN), Department Manager or Nurse Practice Educator will complete two elopement drills, utilizing the "Elopement Drill Documentation Form" on various shifts monthly for 3 months (January 2015, February 2015 and March 2015), then two quarterly for six months. Corrective action and/or re-education will be provided at point of discovery of identified audit concerns.</p> <p>Beginning 2/9/2015, audits will be conducted to validate the use of a care plan by visual observation any aspect of a residents' care plan, including diversional activities for exit seeking behavior if the behavior exists, being performed for 5 residents by a Registered Nurse, Licensed Practical Nurse, or Certified Nursing Assistant with that resident. These audits will be conducted 3 X per week for 30 days, then 4 X per month for 60 days, then 2 X per month for an additional 30 days.</p>		

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{F 282}	Continued From page 5 Interview, on 01/14/15 at 12:28 PM with Certified Nurse Aide (CNA) #4, revealed Resident #1 had come out of his/her room at 10:00 PM on 01/03/15 and stated he/she wanted a new room. The resident tried to open a locked office door on the wing; and the resident sat in the lobby when the door would not open. CNA #4 stated she told RN #1 that Resident #1 was stating he/she was going to pack a bag; but the resident had not packed his/her bag while she (CNA #4) was there. Interview, on 01/14/15 at 8:43 AM with CNA #2, revealed when she arrived at work on 01/03/15 at 11:00 PM, Resident #1 was sitting in the lobby and had a suitcase and a "bear" with him/her. Interview, on 01/14/15 at 8:44 AM with CNA #1, revealed when he came on shift at 11:00 PM on 01/03/15, Resident #1 had his/her clothes packed in a suitcase and was sitting in the lobby all night wanting to go home. CNA #1 stated he and CNA #2 took Resident #1 to his/her room and unpacked the suitcase after talking with the resident. Interviews, on 01/12/15 at 2:56 PM; and, on 01/14/15 at 9:22 AM with RN #1, revealed Resident #1 had been up all night and was wanting to go home on 01/03/15-01/04/15. RN #1 stated the resident had his/her bags packed and was sitting in the lobby telling staff he/she was going to "Metropolis". RN #1 revealed the resident laid down one time but it was not for long. RN #1 stated she did not call anyone about the resident's exit-seeking behaviors because she had been told that was normal for the resident. RN #1 stated staff had stayed with	{F 282}	The Director of Nursing will report findings of these audits to the Performance Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for further recommendations. Findings will be reviewed by the Performance Improvement Committee when they meet at least 10 times annually. Compliance Date:	2/13/15	

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{F 282}	<p>Continued From page 6</p> <p>Resident #1 some, but they could not stay with the resident all night. She stated she did not increase the supervision of the resident.</p> <p>Review of the facility's Investigation Summary, dated 01/09/15, revealed the exit door alarm sounded by the Therapy Department at approximately 6:15 AM-6:30 AM. When RN #1 responded to the alarm, CNA #1 told RN #1 the alarm was sounding because another resident, who goes outside to smoke, had reentered the facility. Review of RN #1's written statement revealed the alarm sound was different and she glanced out the window but she did not visualize anyone, so she assumed the alarm was sounding due to another resident entering the building, as CNA #1 had reported to her. RN #1 disengaged the alarm by keying it off and using the code. However, the RN failed to follow the facility's search and reporting protocols, per the care plan, to conduct a head count and search outside to ensure a resident had not exited the building. Interview with RN #1, on 01/12/15 at 2:56 PM, revealed the door alarm and wanderguard alarms sound different. The alarm that sounded when Resident #1 exited the building sounded different than the alarm that had sounded a number of times previously that night.</p> <p>Further review of the facility's Investigation Summary revealed CNA #2 last visualized Resident #1 a little after 6:00 AM. Resident #1's roommate told CNA #2 that around 6:30 AM that Resident #1 had gone walking. CNA #2 searched for the resident and informed RN #1 of Resident #1 missing. Resident #1 was found by RN #1 outside on the main road about two (2) car lengths from the parking lot coming from the direction of a church. Review of the weather</p>	{F 282}			

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(F 282)	<p>Continued From page 7</p> <p>history for 01/04/15 at 6:53 AM revealed the temperature was 44.1 degrees Fahrenheit (F) with a wind chill temperature of 37.0 degrees F and no precipitation. Review of a Nursing Note, dated 01/14/15 at 7:15 AM, revealed Resident #1 was wearing a pink jogging suit and his/her shoes were wet and slightly soiled when found outside the facility.</p> <p>Interview on 01/20/15 at 12:50 PM with Registered Nurse (RN) #2; on 01/20/15 at 1:38 PM with RN #7; on 01/20/15 at 1:39 PM with LPN #2; and, on 01/24/15 at 4:35 PM with LPN #9 revealed staff did not follow the Resident #1's care plan. Further interview revealed they should have followed the care plan related to the resident's behaviors and increased his/her supervision.</p> <p>Interview on 01/09/15 at 4:05 PM, on 01/12/15 at 11:45 AM, and 01/13/15 at 3:47 PM with the Director of Nursing (DON) revealed she expected all staff to follow the care plans.</p> <p>Interviews, on 01/21/15 at 4:15 PM; and, on 01/30/15 at 8:01 PM with the Administrator, revealed interventions were implemented to anticipate and to mitigate to the best of staff's ability something from happening that was identified as a risk. She stated staff should have followed the care plan when there was a change in condition of the resident.</p> <p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1. On 01/04/15 between 6:30 AM-6:45 AM, CNA #2 notified RN #1 that Resident #1 was not in the facility. Based on the report, RN #1 began the 	(F 282)		

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{F 282}	Continued From page 8 search for Resident #1 outside the facility while CNA #2 continued the search inside. Resident #1 was found on 01/04/15 at approximately 6:45 AM outside the facility, unsupervised. He/She was assisted back into the facility by RN #1. (Review of the weather history for 01/04/15 at 6:53 AM revealed the temperature was 44.1 degrees Fahrenheit (F) with a wind chill temperature of 37.0 degrees F and no precipitation.) CNA #2 removed Resident #1's shoes and socks, replacing them with non-skid socks, and escorted him/her back to his/her room at approximately 6:50 AM. The resident's clothes were reported to be dry by CNA #2. RN #1 documented the resident's wanderguard sounded upon re-entry to the facility. (Review of a Nursing Note, dated 01/14/15 at 7:15 AM, revealed Resident #1 was wearing a pink jogging suit and his/her shoes were wet and slightly soiled when found outside the facility). 2. Upon return of Resident #1 to his/her room at approximately 6:50 AM, a head to toe assessment was conducted by RN #1 with no injury noted related to the event. RN #1 completed an assessment and vital signs of Resident #1 and documented the findings on the Change of Condition Form, and in the Nursing Notes. 3. The Administrator and DON were notified on 01/04/15 at approximately 7:01 AM by LPN #8 of Resident #1's elopement. 4. The resident's BIMS score revealed Resident #1 was interviewable with confusion at times. Resident #1 was interviewed by RN #1 on 01/04/15 and the resident stated "I'm fine; I was just going for a walk." Review of the Admission	{F 282}			

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{F 282}	<p>Continued From page 9</p> <p>Minimum Data Set assessment, dated 12/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of nine (9) which indicated the resident was interviewable (however, the resident was diagnosed with Alzheimer's, Dementia and Psychoses).</p> <p>5. Upon return to the facility Resident #1 was placed on 1:1 observation at approximately 7:00 AM. The resident will remain on 1:1 supervision until alternative placement could be found or an RN assessed Resident #1 to no longer be at risk for elopement. Resident #1 remained on 1:1 supervision until discharged on 01/26/15 to a secured assisted living facility in another state.</p> <p>6. A visual census check was conducted by RN #5 on the 300/400 Wing after Resident #1 was back in the facility; and the 100/200 Wing was checked by CNA #3, CNA #19, and CNA #20 validating all residents were in the facility. Upon notification of the elopement, RN and LPN Charge Nurses immediately completed a visual validation to ensure all residents (73 of 74) were present in the facility.</p> <p>7. The attending physician, was notified in person of the elopement of Resident #1 by RN #1 on 01/04/15 at 7:00 AM. The Physician assessed Resident #1 with no new orders noted.</p> <p>8. The responsible party was called twice at 7:00 AM with no answer and two (2) more attempts were made at 8:00 AM with no answer. The responsible party was notified by RN #5 upon entering the building, and by the Administrator at 1:00 PM.</p>	{F 282}			

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{F 282}	Continued From page 10 9. The RN/MDS Coordinator completed an updated Elopement Evaluation for Resident #1 on 01/04/15. Resident #1's care plan was updated on 01/04/15 by the RN/MDS Coordinator to include an updated elopement evaluation and one to one observation. 10. At approximately 7:00 AM on 01/04/15, the Maintenance Supervisor was contacted by the Administrator via phone to come to the facility to participate in the investigation. Upon arrival at approximately 8:00 AM, the Maintenance Supervisor checked all egress doors for function of the alarms and magnetic locks. 11. At approximately 7:45 AM, a second interview with Resident #1 was conducted by the Administrator, with Resident #1 stating he/she went outside when the door was opened by an unidentified male who came into the facility with a dog. Resident #1 could not give a description of the male and stated he/she had exited to go to the bank. 12. A search of the 300/400 Hall and interviews with residents and staff on the 300/400 Hall conducted by the Social Services Director at approximately 8:00 AM verified that no male visitors and no dogs were identified in the Center between the hours of 6:00 AM and 8:00 AM. 13. Door alarm and magnetic lock function audits were completed on 01/04/15 by the Maintenance Supervisor. All door locking mechanisms and alarms were found to be working properly during the audits. It was validated that with a wander guard present, the door would release in fifteen (15) seconds sounding an emergency exit alarm. When the wander guard passed through the	{F 282}			

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{F 282}	Continued From page 11 doorway, the alarm sound changed from the emergency exit alarm sound to the wander guard alarm sound. 14. The Maintenance Supervisor or Assistant Maintenance Director conducts a weekly tests on the transmitter tester (202) on a wander guard bracelet to validate it is in working order. 15. The nine (9) volt battery powering the transmitter tester is changed at least every sixty (60) days by the Maintenance Supervisor or the Assistant Maintenance Director and replaced with a new battery (2 of 2). The manufacturer's "use by" date, printed on the battery, is checked and recorded to ensure the battery is in proper working order at the time the battery is changed. 16. Wander guards audits were completed on 01/04/15 every shift by Licensed Nurses (RN/LPN) and documented on the TARs. Thirteen of thirteen (13 of 13) wander guard bracelets were found to be working properly during the audits. The RN/LPNs tested the function of each wander guard transmitter using the transmitter tester and validated the bracelets were functioning, placement on the resident was checked each shift and, documented on the TARs. 17. Through the investigative process, it was determined that Resident #1 held the exit door near the beauty shop for fifteen (15) seconds to release the door at an undetermined time and traveled through the door sounding the wander guard alarm. 18. It was determined that RN #1 heard the wander guard alarm, but failed to respond by	{F 282}			

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{F 282}	<p>Continued From page 12</p> <p>initiating a search. RN #1 turned the alarm off and reset the alarm system, by her own admission. Subsequently RN #1 was put on suspension, and it was determined RN #1 had received education and passed a post-test on 11/25/14, prior to this event, concerning response to any door alarm sounding in the facility and a resident search should be conducted both inside and outside the center.</p> <p>19. Entrance Codes for all exit egress doors (6 of 6) cannot be used to silence the alarms, and are not the same as exit codes. If an alarm should sound upon entrance of a visitor to the facility a staff member must respond to it to silence the alarm; visitors are not provided exit codes, they are only known by staff, and changed at least monthly by maintenance personnel.</p> <p>20. Thirteen of thirteen (13 of 13) residents residing in the facility that were identified as an elopement risks were reviewed by the RN/MDS Coordinator on 01/04/15. The Elopement Risk Evaluations, care plans and care cards were reviewed and updated, with the thirteen (13) residents at risk for elopement utilizing a wander guard bracelet. Fifty-nine (59) of sixty (60) Skill Nursing Facility (SNF) residents not currently identified as at risk for elopements were reviewed by the RN/ MDS Coordinator on 01/04/15. Care plan implementation for residents identified to be at risk for elopement will be initiated upon identification of the risk for elopement as determined by the elopement risk assessment by a licensed practical nurse or registered nurse. These care plans will be reviewed through the morning clinical process.</p> <p>21. On 01/04/15, the Administrator, DON, and</p>	{F 282}			

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{F 282}	<p>Continued From page 13</p> <p>ADON from a "sister" facility were re-educated by the Regional Vice President of Operations (RVPO) and Regional Manager of Clinical Operations (RMCO) regarding their job descriptions, the Center's policies on care plans, resident safety, quality assurance and administration requirements and the CMS guide for developing Purpose, Guiding Principles, and Scope for QAPI was reviewed. Post tests were conducted with the Administrator, DON, and ADON on 01/04/15 by RMCO with 100% pass rating to validate learning of material.</p> <p>22. On 01/04/15, re-education was provided to the Nurse Practice Educator (NPE) by the RMCO on the elopement policy and procedure and updating resident care plans for change in behaviors. A post-test was given to validate understanding of the elopement policy and care plan policy by the RMCO with a 100% passing rate.</p> <p>23. The facility's Administrator is responsible for implementation and adherence to the facility's policies and procedures. Facility oversight is provided by the Administrator, DON, ADON, and the Charge Nurses daily. Additional support has been and will be provided by RVPO, RMCO, and the Regional Clinical Educator (RCE).</p> <p>24. On 01/04/15, re-education was provided to the Therapy Program Manager, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, and Admissions Director by the Administrator and NPE on the facility's elopement policy and procedure, the sound of an emergency exit alarm and the sound of the wander guard alarm and updating resident care plans for change in behaviors; with a post-test given on</p>	{F 282}			

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{F 282}	Continued From page 14 01/04/15 by the NPE validating understanding of the content by 100% pass rating. 25. Facility employees and contract employees' re-education was initiated by the NPE and Administrator beginning on 01/04/15. This reeducation was continued by the Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, Admissions Director or Administrator and was completed on 01/12/15. Ninety-one (91) of one-hundred and twelve (112) active employees and also contract employees scheduled to work completed the re-education and post-testing on 01/04/15. The remaining employees and/or contract employees (21 of 112), who were unavailable on 01/04/15 due to being on leave, out of town, or not scheduled will have or had education/re-education prior to returning or beginning work. They were educated and/or re-educated by the Administrator, NPE, DON, ADON, Dietary Supervisor, or Rehabilitation Program Manager, RN or LPN. Re-education of staff included the facility's policies on elopement prevention and management; the sound of an emergency exit alarm and the sound of the wander guard alarm; the facility policy for updating a resident' care plan for a change in behavior; which includes implementation of the care plan. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training. 26. An Ad Hoc PI meeting with the	{F 282}			

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{F 282}	<p>Continued From page 15</p> <p>Administrator, DON, ADON, Admissions Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, and Medical Director was held on 01/04/15.</p> <p>27. Beginning on the day shift of 01/04/15, NPE or Licensed Nurses completed an elopement drill on each shift through 11:59 PM to audit training compliance. No concerns with these audits were identified. Charge Nurses (RN and/or LPNs), Department Managers or NPE will complete two (2) elopement drills, utilizing the "Elopement Drill Documentation Form" on each shift monthly for three (3) months (January 2015, February 2015, and March 2015), then two (2) quarterly for six (6) months; with corrective action at point of discovery of identified concerns. Findings will be reviewed by the Performance Improvement Committee (PIC) which meets at least ten (10) times annually. The PIC consists of: Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director and will make recommendations for additional audits based on audit outcomes.</p> <p>28. Beginning 01/04/15 Care Plan audits for diversion activities for those residents identified to be at risk for elopement will be audited by a RN or LPN, NPE, ADON, RN/MDS Coordinator, DON or Administrator. The audits will be completed on five (5) residents daily for fourteen (14) days, then five (5) residents weekly for eight (8) weeks, and then five (5) residents monthly for two (2) months. In addition, Elopement Risk care plans for five (5) residents identified at risk for elopement will be audited by DNS, ADNS, NPE, CRC, MDS Coordinator or Administrator for</p>	{F 282}			

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{F 282}	<p>Continued From page 16</p> <p>implementation and accuracy daily across random shifts times fourteen (14) days, then five (5) times per week time 60 days, then no less than three (3) times a week for an additional 30 days beginning 12/09/14, including visual validation that the elopement care plan is being followed. Additional audits will be determined by the monthly QI/PI committee which consists of Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director. Corrective Action and/or reeducation will be provided at point of discovery.</p> <p>29. Beginning 01/04/15 PIC minutes will be reviewed by the RVPO or RMCO for the next three (3) months.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <ol style="list-style-type: none"> 1. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she was notified of Resident #1 missing from the facility on 01/04/15 at 6:43 AM by CNA #2. RN #1 stated when she was told that Resident #1 was missing she went outside and located the resident. Review of Nursing Notes, dated 01/04/15 at 6:55 AM and 7:15 AM, revealed Resident #1 was found outside the building and brought back into the facility. CNA #2 changed the resident's socks and shoes due to moisture and muddiness and placed slipper socks on the resident. The resident's wander guard was verified for placement and function. 2. Review of a Nursing Note, dated 01/04/15 at 	{F 282}		

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{F 282}	<p>Continued From page 17</p> <p>6:55 AM, revealed a head to toe assessment was completed by RN #1 with no noted injuries. Review of a Change of Condition form, dated 01/04/15 revealed vital signs were taken and a visual assessment was completed with no notable injuries.</p> <p>3. Interview on 01/30/15 at 12:03 PM with LPN #8 revealed she had informed the Administrator and acting DON of the elopement of Resident #1 on 01/04/15, at approximately 7:00 AM.</p> <p>4. Review of the 12/29/14 Admission Minimum Data Set (MDS) assessment revealed Resident #1 was assessed as having a BIMS score of nine (9), which indicated the resident had moderate impairment and was interviewable. Review of a Nursing Note, dated 01/04/15 at 7:15 AM revealed Resident #1 complained of being cold but said he/she was fine, he/she went for a walk.</p> <p>5. Review of the facility's investigation revealed Resident #1 was placed on 1:1 supervision on 01/04/15. Review of 1:1 documentation revealed the resident was on 1:1 supervision until he/she was discharged on 01/26/15.</p> <p>6. Review of the AOC binder revealed attestation of the visual census verification of residents on all wings by RN # 5, CNA #2, CNA #3, CNA #19, and CNA #20.</p> <p>7. Review of Nursing Notes by RN #1, dated 01/04/15 at 7:15 AM, revealed she notified the physician of the elopement. Interview on 01/13/15 at 2:40 PM with Resident #1's physician, who was also the Medical Director, revealed he was notified of the elopement of Resident #1 and had been at the facility that day and assessed</p>	{F 282}			

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{F 282}	Continued From page 18 Resident #1 with no noted issues. 8. Review of Nursing Notes and the Change of Condition form dated 01/04/15 revealed attempts to notify the resident's family three (3) times at 7:15 AM with a fourth (4th) attempt being made at 8:00 AM. Notification was made to the family member upon arrival to facility. 9. Review of Resident #1's Elopement Evaluation and Care Plan revealed the evaluation and care plan were updated on 01/04/15 by the MDS Coordinator. 10. Interview on 01/29/15 at 3:34 PM; and, on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed he was called by the Administrator to come in on 01/04/15, at 8:02 AM and left at 4:35 PM, related to the elopement investigation. He checked the functionality of the doors. The Maintenance Supervisor further revealed he thought there was no failure on the part of the doors, alarms or locks. Review of the Maintenance Supervisor's timecard revealed he was present in the facility on 01/04/15 from 8:02 AM until 4:35 PM. Review of the logbook entitled, Total Equipment Lifecycle Systems (TELS), dated 01/04/15 revealed doors, locks, and alarms were checked with a "pass" being documented. 11. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed some of the residents were interviewed about a man coming into the facility with a dog; however, they were unable to verify this information. 12. Interview on 01/30/15 at 6:28 PM with Social Services Director (SSD) revealed she had interviewed residents about a male with a dog,	{F 282}			

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{F 282}	Continued From page 19 and could not verify it. 13. Interview on 01/29/15 at 3:34 PM with the Maintenance Supervisor revealed he checked the functionality of the doors, and wander guard alarms. He stated the wander guard alarm would still go off at the doors even with the door releasing after being pushed on for fifteen (15) seconds. Interview on 01/29/15 at 5:14 PM with LPN #6 revealed the residents' wanderguards were tested every shift by the nurse with the transmitter and documented on the Treatment Administration Records (TARs). Review of the January TARs for residents at risk for elopement (13 of 13) revealed daily shift audits of the functionality of each resident's wanderguard. Interview on 01/29/15 at 11:31 AM with the Maintenance Helper revealed nurses checked the residents' wander guards with the transmitters. 14. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed a weekly testing of wanderguard transmitter testers was done and would be in the system. The Maintenance Supervisor provided a copy of the weekly testing of the wanderguard transmitter testers (3 of 3) with one being a spare; which revealed weekly checks were documented on 01/12/15, 01/20/15, and 01/26/15. 15. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed the batteries were changed in the wanderguard transmitter tester in September 2014, November 2014, and on 01/19/15; with the expiration date of the batteries placed on the documentation starting in January. Review of the Wanderguard Tester Battery Replacement Form provided by the Maintenance Supervisor revealed the batteries in	{F 282}			

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{F 282}	Continued From page 20 the wanderguard transmitter tester were changed on 09/22/14, 11/20/14, and 01/19/15; with the start of documentation of battery expiration date beginning on 01/19/15. 16. Interviews on 01/29/15 at 5:14 PM with LPN #6; on 01/09/15 at 2:45 PM with LPN #4; on 01/15/15 at 1:25 PM with RN #8; and, on 01/09/15 at 2:59 PM with RN #6 revealed residents' wanderguards were tested every shift by the nurse with the transmitter and it was documented on the Treatment Administration Records (TARs). Review of TARs for residents at risk for elopement revealed daily shift audits of the functionality of each resident wander guard. 17. Review of the facility's investigation revealed in an interview conducted on 01/05/15 with CNA #21, who was providing 1:1 supervision of Resident #1, she commented to the resident the door was locked; and Resident #1 made a statement about the door sign saying "push" and the door will open in fifteen (15) seconds. Interview on 01/21/15 at 4:15 PM with the Administrator revealed Resident #1 was on 1:1 with CNA #21 when she had tried to open the door and CNA #21 commenting to the resident the door was locked. 18. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she had turned off the alarm at the door when CNA #1 asked her to, because it was alarming, and the alarm had sounded different to her. RN #1 further revealed she had signed an elopement paper during orientation on 11/25/14, and she had been terminated after this incident. Review of the post-test for the Elopement Process revealed RN #1 passed the test with a score of 100% on 11/25/14. Interview on	{F 282}			

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{F 282}	<p>Continued From page 21</p> <p>01/18/15 at 1:13 PM with CRM revealed two (2) staff members were suspended with RN #2 being terminated after the incident. Interview on 01/13/15 at 12:40 PM with the acting DON at the time of the incident revealed RN #1 did not follow the facility's policy and had received the training and testing on elopement to include the sounds of alarms.</p> <p>19. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed entrance and exit codes were not the same, and if a visitor activated the alarm a staff member would have to silence it. The Maintenance Supervisor stated the exit codes had been changed at least once monthly since November 2014. Review of the Log of Code Changes provided by the Maintenance Supervisor and Administrator revealed exit codes had been changed four (4) times on November 11/21/14, twice (2) on 11/28/14, twice (2) on 11/29/14, twice (2) on 12/26/14, twice (2) on 01/03/15, and once (1) on 01/10/15. Interviews with the CRC on 01/14/15 at 4:05 PM, the SSD on 01/16/15 at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #16 on 01/30/15 at 8:09 AM, CNA #21 at 01/12/15 at 1:01 PM, CNA #22 at 01/29/15 at 12:06 PM revealed when alarms go off staff respond to the alarm. Interviews with LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8:25 AM, CNA #15 at 01/16/15 at 12:55 PM, CNA #16 on 01/30/15 at 8:09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12:06 PM revealed the codes to let visitors out was only provided to staff and no one else was to be given the code.</p>	{F 282}		

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{F 282}	<p>Continued From page 22</p> <p>20. Interview on 01/14/15 at 4:05 PM with the RN/MDS Coordinator revealed she had come in on 01/04/15 and reassessed all of the elopement risk residents (13 of 13) after the elopement. Review of the Elopement Care Plan Evaluations revealed (13 of 13) residents were reassessed on 01/04/15. Review of the AOC binder revealed review of residents identified as at risk for elopement by RN MDS Coordinator with a date of 01/04/15.</p> <p>21. Review of the AOC binder revealed education of the Administrator, the acting DON, and a sister facility's DON at the time of the elopement. This education was provided by the RVP and RMCO regarding regulations and requirements for F490 and F520 with Performance Improvement/Quality Improvement (PI/QI) being key to validation of the systems and key to enhancing quality of life for residents and staff at the Center. The education further stated, if/when there was a deviation of the facility's policy or standard of practice identified, it was the responsibility of the PI Committee to conduct a root cause analysis and determine applicable steps based on the analysis. A re-education document was signed by the Administrator and Acting DON on 01/04/15. A Post-test was given to the Administrator on subject matter by the RVP with 100% pass rate on 01/04/15. A post-test was given to the acting DON by RMCO on 01/04/15 with passing score of 100%. Review of the AOC binder revealed Administrative education with the acting DON at time of the elopement, incoming DON, and Administrator as well as their job description and post-test with a passing score.</p> <p>22. Review of the re-education post-test for the Nurse Practice Educator (NPE) entitled,</p>	{F 282}		

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{F 282}	<p>Continued From page 23</p> <p>"Resident Safety and Elopement", dated 01/04/15, revealed the RMCO completed the post-test with a passing score of 100%.</p> <p>23. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed the RVPO and RMCO educated the Administrator, Interim Director of Nursing (DON), and "assisting" Director of Nursing. She revealed the RMCO educated the Administrative staff on the post tests, then they educated the Department Heads, who then trained the facility staff related to the material on the post tests. The Administrator further revealed she, the interim DON, and the assisting DON were the only ones who received education specific to Administration and Quality Assurance. The education difference from the first IJ to the second IJ was focused more on what not to do, what the expectations were, and to not silence the alarm and walk away without knowing what was going on in that situation. The Administrator stated this would be a part of the facility's standard orientation.</p> <p>24. Review of the AOC binder revealed re-education to the Therapy Program Manager, RN MDS Coordinator, Payroll Coordinator and Admissions Director on the elopement policy and procedure, the sound of emergency exit alarms, sound of the wander guard alarm, and updating care plans for change in behaviors with post-test score of 100%. Interview on 01/29/15 at 4:50 PM with the Dietary Supervisor revealed she had been re-educated on: the elopement process; which involved the difference in the sound of the alarms, if staff notice an alarm going off, the staff is to check it, make sure no one has gone out, do a head count to see if residents are in the facility, and if not, search everywhere. A code yellow is</p>	{F 282}		

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{F 282}	<p>Continued From page 24</p> <p>called over the intercom and everybody in the facility is involved in the search. The Dietary Manager revealed she had received training on them and was involved in the morning meeting when they were discussed for revision related to any new behaviors residents may exhibit. She stated staff should not turn an alarm off until staff had discovered if a resident was missing and a code yellow has been called.</p> <p>25. Review of the AOC binder revealed re-education, listing of staff per shift and date of education and passing score. Review included re-education of contract workers, and new staff to include CNAs, housekeeping, and the beautician. Re-education of staff included: facility's policies on elopement prevention and management. The sound of an emergency exit alarm and wanderguard, and the facility's policy for updating a residents' plan of care for a change in behavior. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training. Interviews with the CRC on 01/14/15 at 4:05 PM, SSD on 01/16/15 at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8:25 AM, CNA #15 at 01/16/15 at 12:55 PM, CNA #16 on 01/29/15 at 9:40 AM and on 01/30/15 at 8:09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12:06 PM revealed codes to let visitors out was only provided to staff and no one else was to be given the code when alarms go</p>	{F 282}		

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{F 282}	Continued From page 25 off. Staff should respond to the alarm. Interviews on 01/29/15 at 10:40 AM with the Receptionist, 4:35 PM with LPN #9, 3:00 PM with CNA #18 and 9:15 AM with Housekeeping Aide #2 revealed the location of the elopement risk binders for verification of residents at risk for elopement, knowledge of differing sound of wander guard alarm and door alarm, staff to respond immediately to alarming door, check the door, step outside and look, notify the nurse, a code yellow page for the resident, a back pack to take outside for the search outside, and the nurse will designate who searches where. Door exit codes are not to be given out and only employees are to have the door code. The Maintenance Supervisor checks the wanderguard against the door and the nurses on the floor check the resident's wanderguard and care plans are resident specific. 26. Review of the AOC binder revealed an Ad Hoc PI meeting was held on 01/04/15 with the Administrator, Acting DON, Payroll/Benefits Designee, Marketing/Admissions Director, CRM, and Maintenance Supervisor in attendance. 27. Review of the AOC binder revealed elopement drills were initiated on 01/04/15 after Resident #1 was found. Review of Inservice Sign in Sheets for Elopement Drill revealed elopement drills were done every shift for 01/04/15 and continued on each shift through 01/29/15 with no concerns identified. 28. Review of the AOC binder revealed care plan audits were conducted on 01/04/15 through 01/29/15, for residents identified as an elopement risk with diversional activities added.	{F 282}			

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{F 282}	Continued From page 26 29. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed, in regard to the AD HOC meeting, that information regarding the AOC was discussed to try to identify the root cause and what to do to achieve compliance. She stated they will continue to do two (2) drills per month, and two (2) drills quarterly for six (6) months, and if any concerns were identified, they will be addressed at that time. The Administrator stated the PI Committee conducted an AD HOC meeting recently (yesterday) where they discussed current audits with no concerns. The PI Committee will meet ten (10) times annually at least. She also stated, that she and the DON had met with the Medical Director last night to review audits and the AOC. The Administrator revealed she completed the audits, and "We are looking at residents who are identified at risk for elopement, and if he/she head to the door, how the staff will divert him/her." No concerns were identified. The PI Committee minutes will also be reviewed by the RVPO or RMCO for the next three months.	{F 282}		
{F 323} SS=J	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's policy and procedures, and review of the	{F 323}	F 323 Resident #1 was immediately placed on one to one observation and remained on one to one observation until transferred to a secure facility on 01/26/2015. The RN MDS Coordinator completed an updated Elopement Evaluation for Resident #1 on 01/04/2015.	

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{F 323}	<p>Continued From page 27</p> <p>facility's Allegation of Compliance (AoC) and Plan of Correction (PoC) for the 12/11/14 Immediate Jeopardy Abbreviated Survey it was determined the facility failed to provide adequate supervision to prevent an elopement for one (1) of six (6) sampled residents (Resident #1).</p> <p>The facility assessed and care planned Resident #1 to be an elopement risk; however, on 01/04/15 Resident #1 exited the facility without staff's knowledge. During the night of 01/03/15 and the morning of 01/04/15, Resident #1 packed a bag, sat in the lobby of the facility and was wanting to go home. Registered Nurse (RN) #1 failed to take any action to address this behavior or increase the resident's supervision. A door alarm sounded at approximately 6:15 AM and RN #1 turned off the alarm. RN #1 failed to identify that the alarm was the wanderguard alarm, and failed to conduct a head count and search outside the door for a resident. Review of the AoC and PoC for the 12/11/14 Immediate Jeopardy Abbreviated Survey revealed RN #1 was administered a Post Test after education was provided. Review of RN #1's post test revealed she scored 100%.</p> <p>Facility staff was not aware of the Resident #1's whereabouts, Resident 1's roommate informed staff that the resident had gone for a walk. At that time, at approximately 6:40 AM, Certified Nurse Aide (CNA) #2 began searching and identified Resident #1 was not in the facility. The resident was discovered outside on the main road at 6:45 AM, unsupervised.</p> <p>The facility's failure to provide adequate supervision to prevent accidents has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) was</p>	{F 323}	<p>Resident #1's Care Plan was updated on 01/04/2015 by the RN MDS Coordinator to include an updated elopement evaluation and one to one observation.</p> <p>On 01/04/2015 the Maintenance Supervisor checked all egress doors. Upon review, the alarm and magnetic lock function was found to be working properly on all egress doors.</p> <p>Door alarm and magnetic lock function audits were completed on 01/04/15 by the Maintenance Supervisor. Wander guard audits were completed on 01/04/15 q shift by the Licensed Nurse (RN/LPN) and documented on the TAR. All door locking mechanisms, alarms and (13 of 13) wander guard bracelets were found to be working properly during these audits. It was validated that with a wander guard present, the door would release within 15 seconds sounding an emergency exit alarm.</p> <p>R.N. or LPNs test functionality of each wander guard transmitter using the transmitter tester and validates the bracelet's functioning and placement on the resident each shift; this is documented on the TAR. The maintenance director or assistant maintenance director conducts weekly tests on the transmitter tester (2 of 2) on a wander guard bracelet to validate it is in working order.</p>		

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{F 323}	<p>Continued From page 28</p> <p>identified on 01/16/15 and determined to exist on 01/04/15. The facility was notified of the Immediate Jeopardy on 01/16/15. An acceptable Allegation of Compliance (AoC) was received on 01/26/15 and the State Survey Agency validated the Immediate Jeopardy was removed on 01/13/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedures titled, "Elopement of Patient", last revised 05/15/14, revealed residents should be evaluated for elopement risk upon admission, readmission, quarterly and with a change in condition as part of the nursing assessment process. Those determined to be at risk should receive appropriate interventions to reduce risk and minimize injury. For residents identified at risk, an interdisciplinary elopement prevention care plan should be developed with family and resident participation. Individual risk factors and patterns will be identified and addressed within the care plan. Further review of the policy revealed for Unwitnessed Elopements staff should search room to room and all areas of the Center: resident rooms, closets, under beds, shower rooms, utility rooms, offices, dining rooms, stairwells, laundry, kitchen (including walk-in refrigerators and freezers), bathrooms, dayrooms/lounges, courtyards, and employee lounges; and outside perimeter and grounds.</p> <p>Review of the facility's Wander Guard Transmitter</p>	{F 323}	<p>The 9 volt battery powering the transmitter tester is changed at least every 60 days by the maintenance director or assistant maintenance director and replaced with a new battery (2 of 2). The manufacturer's "use by" date printed on the battery is checked and recorded to ensure the battery is in proper working order at the time the battery is changed.</p> <p>Entrance codes for all exit egress doors (6 or 6) cannot be used to silence alarms. Exit codes are changed at least monthly by the Maintenance personnel.</p> <p>Residents residing in the center with elopement risk were reviewed by the RN MDS Coordinator on 01/04/2015 (13 of 13). The Elopement Risk Evaluations for at risk residents, care plans and care cards were reviewed and updated as indicated by RN MDS Coordinator on 01/04/2015. The thirteen residents at risk for elopement utilize a code alert bracelet.</p> <p>Fifty nine of sixty SNF residents not currently identified as at risk for elopement were reviewed by the RN MDS Coordinator on 01/04/2015 for elopement risks utilizing elopement risks evaluations. One resident was on a hospital bed hold and was reviewed upon re-admission. No other residents were identified for elopement risk.</p>	

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{F 323}	<p>Continued From page 29</p> <p>Policy and Procedure, dated 02/24/14, revealed the system must be tested daily by the facility for proper operation, and the system was not a substitute for careful identification and monitoring of residents by professional staff. Further review revealed the system had been designed to augment a facility's reasonable procedures for protecting residents; however, there was no system or combination of procedures and equipment that could eliminate all risk or assure complete security. The system was not intended as a substitute for the careful identification and monitoring of residents by a facility's professional staff.</p> <p>Record review revealed the facility admitted Resident #1 on 12/22/14 with diagnoses which included Diabetes Type II, Alzheimer's Disease, Generalized Muscle Weakness, Difficulty in Walking, Dementia Unspecified with Behavioral Disturbance, and Unspecified Psychosis. Review of the Admission Minimum Data Set (MDS) dated 12/29/14, revealed the facility assessed Resident #1 as requiring supervision while walking in the halls, on the unit and off the unit (locomotion). Resident #1 was assessed as having a Brief Interview for Mental Status (BIMS) score of nine (9), which indicated moderate impairment; however, the resident was diagnosed with Alzheimer's, Dementia, and Psychoses.</p> <p>Review of Resident #1's Elopement Evaluation, dated 12/22/14, revealed the facility had assessed Resident #1 to be at risk for elopement due to the resident having a past history of wandering that placed the resident at significant risk of getting to a potentially dangerous place; a sleep pattern disturbance that caused increased confusion; resident had expressed a desire to</p>	{F 323}	<p>On 01/04/2015 re-education was provided to the Nurse Practice Educator by the Regional Manager of Clinical Operations on the elopement policy and procedure, and updating resident care plans for change in behaviors.</p> <p>A post-test to validate understanding of the elopement policy and care plan policy was conducted with the Nurse Practice Educator on 01/04/2015 by the Regional Manager of Clinical Operations with a 100% pass rating.</p> <p>On 01/04/2015, re-education was provided to the Therapy Program Manager, RN MDS Coordinator, Payroll Coordinator, and Admissions Director by the Administrator and Nurse Practice Educator (who were re-educated as noted above) on the elopement policy and procedure, the sound of an emergency exit alarm and the sound of the wander guard alarm and updating resident care plans for change in behaviors.</p> <p>A post-test to validate understanding of the above noted training was conducted with the Therapy Program Manager, RN MDS Coordinator, Payroll Coordinator, Nutrition Director, and Admissions Director on 01/04/2015 by the Nurse Practice Educator or Administrator with a 100% pass rating.</p>	

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{F 323}	<p>Continued From page 30</p> <p>leave, and the resident was unable to locate significant landmarks. Further review of the Evaluation revealed the resident also triggered for the following behaviors such as shadowing staff/other residents, hovering near exits, hyperactivity (restless walking patterns), and restlessness and/or agitation.</p> <p>Review of Resident #1's Device Evaluation for a wanderguard, completed on 12/23/14, revealed Resident #1 was identified as an elopement risk and had impaired safety awareness. Review of the Nursing Assessment, dated 12/22/14, revealed under, "Mood and Behavior" that Resident #1 triggered for exit-seeking/wandering behaviors.</p> <p>Review of the Comprehensive Care Plan for Elopement related to Dementia, Cognitive Loss and Delusion Psychosis, last revised 12/31/14, revealed interventions to redirect the resident when the security system sounded and/or resident attempted to leave the facility; if unable to redirect the resident, stay with the resident and provide support and supervision until able to redirect; and in the event of an elopement, follow search and reporting protocols.</p> <p>Review of the Comprehensive Care Plan for Delusional Psychosis and Early Dementia, last revised 12/30/14, revealed the resident had behaviors of physical aggression, wandering (into other rooms, exit seeking), resists care, and verbal aggression as evidenced by yelling at staff. The interventions were to maintain a safe environment, identify behavior triggers and reduce exposures to triggers, and to provide 1:1 interactions and support as needed.</p>	{F 323}	<p>Facility employee and contract employee re-education was initiated by the R.N. Nurse Practice Educator and Administrator beginning on 01/04/2015, and continued by the Therapy Program Manager, Payroll Coordinator, assisting Director of Nursing Services, RN MDS Coordinator, Admissions Director, Nutrition Director, or Administrator with completion on 01/12/2015.</p> <p>91 of 112 active employees and also contract employees scheduled to work completed re-education and post testing on 01/04/2015.</p> <p>As of 01/09/2015, 111 of 116 employees or contract employees have completed this education. 5 of 116 employees are on leave or only work PRN and will complete this education before returning to work. A post-test with validation of a 100% pass rate was completed for all tests with grading validated by a member of the center leadership team which includes the Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, Admissions Director, Therapy Program Manager, Dining Services Director, Payroll/Benefits Coordinator, or RN MDS Coordinator. All new employees will receive this education and post-test with a validation of a 100% pass rating before being allowed to work independently.</p>		

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{F 323}	Continued From page 31 Review of the facility's Investigation Summary which included interviews, dated 01/09/15, revealed the exit door alarm sounded by the Therapy Department at approximately 6:15 AM-6:30 AM. RN #1 responded to the alarm. CNA #1 told RN #1 the alarm was sounding because another resident, who goes outside to smoke, had reentered the facility. Review of RN #1's written statement revealed the alarm sound was different; she glanced out the window, but did not visualize anyone, so she assumed the alarm was sounding due to another resident entering the building per CNA #1's report. RN #1 disengaged the alarm by keying it off and using the code. Further review of the investigation summary, revealed CNA #2 last visualized Resident #1 a little after 6:00 AM, and was told by Resident #1's roommate around 6:30 AM that Resident #1 had gone for a walk. CNA #2 searched for the resident and informed RN #1 that Resident #1 was missing. Resident #1 was found by RN #1 outside on the main road about two (2) car lengths from the parking lot coming from the direction of a church. Interview and observation, on 01/09/15 at 4:10 PM with the Maintenance Director, revealed a creek was located in front of the facility along the parking lot. There was an eight (8) to ten (10) foot drop into the creek bed. Review of the weather history for 01/04/15 at 6:53 AM revealed the temperature was 44.1 degrees Fahrenheit (F) with a wind chill temperature of 37.0 degrees F and no precipitation. Review of a Nursing Note, dated 01/04/15 at 7:15 AM, revealed Resident #1 was wearing a pink jogging suit and his/her shoes were wet and slightly soiled when found outside the facility. Interview on 01/12/15 at 2:56 PM with RN #1 revealed Resident #1's right foot was wetter than the left one, and the shoe looked like	{F 323}	Re-education included: Center policies on elopement prevention & management. The sound of an emergency exit alarm and the sound of the wander guard alarm Expected staff response to a sounding exit door alarm (see attachment A) A change in behavior indicates a need for an updated individualized intervention on the care plan (see attachment A) The facility policy for updating a residents' plan of care for a change in behavior. Each employee completed a post-test to validate learning of the above noted education which was conducted prior to the conclusion of training by the RN Nurse Practice Educator, Therapy Program Manager, Payroll Coordinator, assisting Director of Nursing Services, RN MDS Coordinator, Admissions Director, Registered Nurse, Licensed Practical Nurse, or Administrator. Post-test results were 100% pass rate prior to employees being released from training.	

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{F 323}	Continued From page 32 he/she had been in the mud. RN #1 stated she did not know where the resident had been to get into mud. Interview, on 01/12/15 at 2:56 PM; and, on 01/14/15 at 9:22 AM with Registered Nurse (RN) #1, revealed Resident #1 did not sleep the night of 01/03/15-01/04/15. RN #1 stated Resident #1 had been up all night; his/her bags were packed and the resident stated he/she was going to "Metropolis". RN #1 stated she did not call anyone about the resident's exit-seeking behaviors because she had been told the resident had those behaviors. RN #1 revealed staff stayed with Resident #1 at times but they could not stay with the resident all night. She stated no action was taken to increase the resident's supervision due to the resident's behaviors. RN #1 stated when the door alarm sounded she turned off the alarm with the key and the code at the door when CNA #1 asked her to because the CNA had told her a resident had reentered the building after smoking causing it to alarm. RN #1 failed to conduct a head count, search for a resident outside and recognize the alarm was a Wanderguard alarm. RN #1 stated she was not sure of the elopement procedures because it was new to her. However, review of the Allegation of Compliance and the Plan of Correction for the 12/11/14 Immediate Jeopardy revealed a Post Test was administered after education was provided to staff. The Post Test administered after the education revealed the door alarm was described as high pitched and fast like a siren and a wander guard alarm was a high-pitched, slow, chirping sound. Review of RN #1's post test revealed she scored 100% and she had documented the answer to the question when staff respond to an alarm what should they	{F 323}	Continuing on 01/04/2015, all new employees will have elopement education including the sound of the emergency alarm and the sound of the wander guard alarm provided by the Nurse Practice Educator, Payroll Coordinator, or Administrator during orientation including the procedure for responding to door alarms. An AD HOC PI meeting with the Administrator, Director of Nursing, assisting Director of Nursing, Admissions Director, Social Services Director, RN MDS Coordinator, Maintenance Supervisor, Nurse Practice Educator, and Medical Director was held on 01/04/2015. Beginning on the day shift of 01/04/2015, the Nurse Practice Educator or Licensed Nurse completed an elopement drill on each shift through 11:59 PM to audit training compliance. No concerns were identified with these audits. Charge Nurses (RN and/or LPN), Department Manager or Nurse Practice Educator will complete two elopement drills, utilizing the "Elopement Drill Documentation Form" on various shifts monthly for 3 months (January 2015, February 2015 and March 2015), then two quarterly for six months. Corrective action and/or re-education will be provided at point of discovery of identified audit concerns.	

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{F 323}	<p>Continued From page 33</p> <p>do, staff should: "1. check the alarm, 2. thoroughly check the area, and 3. validate that no resident is missing."</p> <p>Interview, on 01/13/15 at 9:20 AM; and, on 01/14/15 at 8:44 AM and 8:55 AM with CNA #1, revealed Resident #1 had his/her clothes packed in his/her suitcase when he came on shift at 11:00 PM. He stated the resident sat in the lobby all night wanting to go home. CNA #1 stated he was informed of the disappearance of Resident #1 around 6:30 AM on 01/04/15 and he did not know if the other Wing was told of the elopement; but, no staff from the Wing had responded. According to the AOC and POC for the 12/11/14 Abbreviated Survey and facility protocols, the facility staff should have called a Code Yellow when they identified the resident was missing. CNA #1 revealed he did not know how Resident #1 got out of the facility and the last alarm he heard was around 4:00 AM and 5:00 AM. He stated RN #1 told him to continue his bed checks and she would get the alarm.</p> <p>Interview on 01/13/15 at 6:08 AM; and, on 01/14/15 at 8:43 AM with CNA #2 revealed when she arrived at the facility on 01/03/14 at 11:00 PM, Resident #1 had a suitcase and a bear with him/her and was sitting in the lobby. She stated she last saw Resident #1 at approximately 6:10 AM sitting in the lobby on the 300/400 Wing. CNA #2 stated at approximately 6:30 AM, Resident #1's roommate told her Resident #1 had gone walking. CNA #2 revealed she was unable to find the resident so she notified RN #1. She stated when an alarm sounds staff are supposed to respond to the alarm, let the nurse know, do a head count of the residents and, if a resident was unaccounted for, this was supposed to be paged</p>	{F 323}	<p>Beginning 01/04/2015 Care Plan Audits for diversional activities for those identified to be at risk of elopement will be completed by Registered Nurse or LPN Licensed Nurse, Nurse Practice Educator, Assistant Director of Nursing Services, RN MDS Coordinator, Director of Nursing Services or Administrator. These audits will be completed on five residents daily for 14 days, then five residents weekly for 8 weeks and then five residents monthly for two months.</p> <p>The Director of Nursing will report findings of these audits to the Performance Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for further recommendations. Findings will be reviewed by the Performance Improvement Committee when they meet at least 10 times annually.</p> <p>Compliance Date:</p>	2/13/15

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{F 323}	Continued From page 34 overhead to let everyone know. CNA #2 stated this was not done. Interview on 01/13/15 at 12:17 PM with CNA #5 revealed CNA #2 asked if Resident #1 had been seen on the hall around 6:00 AM on 01/04/15. CNA #5 stated she was confused because no code had been called and no one had announced or done anything according to the policy. CNA #5 further revealed the policy was not followed even after she informed her nurse that a resident could not be found. CNA #5 stated the facility's protocol was not initiated, and the staff did not do what they were suppose to do. Interview on 01/11/15 at 4:59 PM; and, on 01/14/15 at 12:11 PM with Licensed Practical Nurse (LPN) #1, revealed she was in a room with another resident when she heard an alarm and it shut off before she could see the location. She stated she did not hear anything on the intercom system. She stated she was informed by CNA #5 that a resident had gotten out of the facility but she continued with her work, and did not know if the resident had been found or not. LPN #1 revealed when an alarm goes off, staff are to go to the desk and see where the alarm is and tell everyone to start looking for a resident. do a head count, and start looking at the door and around where the alarm went off. She stated if no one is found and the head count is correct, then it is called off. LPN #1 revealed this was not done on the day Resident #1 eloped and she did not know if the resident had gone out or not. LPN #1 revealed she had been trained on elopement and the wanderguard policy and procedure. She stated she was trained on elopement and wanderguards several times; however, no dates were provided Review of In-service Sign-in	{F 323}			

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{F 323}	<p>Continued From page 35</p> <p>Sheets/Elopement Drill revealed she was trained and participated in elopement drills on the following dates: 11/21/14, 11/22/14, 11/23/14, 01/04/15, and 01/05/15. She provided no reason why she did not follow the POC/AOC.</p> <p>Interview, on 01/13/15 at 9:20 AM with the Nurse Practice Educator (NPE), revealed if an alarm sounded, staff should respond to the door, check outside the door, tell the nurse, and start the elopement process which includes a head count.</p> <p>Interview on 01/21/15 at 3:23 PM with the Director of Nursing (DON) revealed if a wanderguard triggers an alarm staff should look outside, do a head count, and make sure all staff are notified of the elopement by calling a code yellow.</p> <p>Interview on 01/13/15 at 12:13 PM; and, on 01/20/15 at 4:20 PM with the acting DON at the time of the elopement, revealed she expected when staff were inserviced and trained they carry out the policy and procedures as they were trained. She stated if alarms were going off staff should respond in the appropriate way based on the alarm sound. If it's the wanderguard alarm staff should treat it as an actual elopement and follow policy and procedure, and in this case it was not followed but should have been.</p> <p>Interview on 01/21/15 at 4:15 PM; and, on 01/30/15 at 8:01 PM with the Administrator, revealed care plans should be implemented when there is a change in condition of a resident. The Administrator stated RN #1 was fired because she failed to follow the system policy and procedure that was in place. The Administrator revealed they had conducted drills and</p>	{F 323}		

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{F 323}	<p>Continued From page 36</p> <p>re-educated to validate that staff understood the severity of the situation and the facility's expectations.</p> <p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1. On 01/04/15 between 6:30 AM-6:45 AM, CNA #2 notified RN #1 that Resident #1 was not in the facility. Based on the report, RN #1 began the search for Resident #1 outside the facility while CNA #2 continued the search inside. Resident #1 was found on 01/04/15 at approximately 6:45 AM outside the facility, unsupervised. He/She was assisted back into the facility by RN #1. (Review of the weather history for 01/04/15 at 6:53 AM revealed the temperature was 44.1 degrees Fahrenheit (F) with a wind chill temperature of 37.0 degrees F and no precipitation.) CNA #2 removed Resident #1's shoes and socks, replacing them with non-skid socks, and escorted him/her back to his/her room at approximately 6:50 AM. The resident's clothes were reported to be dry by CNA #2. RN #1 documented the resident's wanderguard sounded upon re-entry to the facility. (Review of a Nursing Note, dated 01/14/15 at 7:15 AM, revealed Resident #1 was wearing a pink jogging suit and his/her shoes were wet and slightly soiled when found outside the facility). 2. Upon return of Resident #1 to his/her room at approximately 6:50 AM, a head to toe assessment was conducted by RN #1 with no injury noted related to the event. RN #1 completed an assessment and vital signs of Resident #1 and documented the findings on the Change of Condition Form, and in the Nursing Notes. 	{F 323}			

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{F 323}	Continued From page 37 3. The Administrator and DON were notified on 01/04/15 at approximately 7:01 AM by LPN #8 of Resident #1's elopement. 4. The resident's BIMS score revealed Resident #1 was interviewable with confusion at times Resident #1 was interviewed by RN #1 on 01/04/15 and the resident stated "I'm fine, I was just going for a walk." Review of the Admission Minimum Data Set assessment, dated 12/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of nine (9) which indicated the resident was interviewable (however, the resident was diagnosed with Alzheimer's, Dementia and Psychoses). 5. Upon return to the facility Resident #1 was placed on 1:1 observation at approximately 7:00 AM. The resident will remain on 1:1 supervision until alternative placement could be found or an RN assessed Resident #1 to no longer be at risk for elopement. Resident #1 remained on 1:1 supervision until discharged on 01/26/15 to a secured assisted living facility in another state. 6. A visual census check was conducted by RN #5 on the 300/400 Wing after Resident #1 was back in the facility, and the 100/200 Wing was checked by CNA #3, CNA #19, and CNA #20 validating all residents were in the facility. Upon notification of the elopement, RN and LPN Charge Nurses immediately completed a visual validation to ensure all residents (73 of 74) were present in the facility. 7. The attending physician, was notified in person of the elopement of Resident #1 by RN #1	{F 323}			

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{F 323}	<p>Continued From page 38 on 01/04/15 at 7:00 AM. The Physician assessed Resident #1 with no new orders noted.</p> <p>8. The responsible party was called twice at 7:00 AM with no answer and two (2) more attempts were made at 8:00 AM with no answer. The responsible party was notified by RN #5 upon entering the building, and by the Administrator at 1:00 PM.</p> <p>9. The RN/MDS Coordinator completed an updated Elopement Evaluation for Resident #1 on 01/04/15. Resident #1's care plan was updated on 01/04/15 by the RN/MDS Coordinator to include an updated elopement evaluation and one to one observation.</p> <p>10. At approximately 7:00 AM on 01/04/15, the Maintenance Supervisor was contacted by the Administrator via phone to come to the facility to participate in the investigation. Upon arrival at approximately 8:00 AM, the Maintenance Supervisor checked all egress doors for function of the alarms and magnetic locks.</p> <p>11. At approximately 7:45 AM, a second interview with Resident #1 was conducted by the Administrator, with Resident #1 stating he/she went outside when the door was opened by an unidentified male who came into the facility with a dog. Resident #1 could not give a description of the male and stated he/she had exited to go to the bank.</p> <p>12. A search of the 300/400 Hall and interviews with residents and staff on the 300/400 Hall conducted by the Social Services Director at approximately 8:00 AM verified that no male visitors and no dogs were identified in the Center</p>	{F 323}		
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{F 323}	Continued From page 39 between the hours of 6:00 AM and 8:00 AM. 13. Door alarm and magnetic lock function audits were completed on 01/04/15 by the Maintenance Supervisor. All door locking mechanisms and alarms were found to be working properly during the audits. It was validated that with a wander guard present, the door would release in fifteen (15) seconds sounding an emergency exit alarm. When the wander guard passed through the doorway, the alarm sound changed from the emergency exit alarm sound to the wander guard alarm sound. 14. The Maintenance Supervisor or Assistant Maintenance Director conducts a weekly tests on the transmitter tester (202) on a wander guard bracelet to validate it is in working order. 15. The nine (9) volt battery powering the transmitter tester is changed at least every sixty (60) days by the Maintenance Supervisor or the Assistant Maintenance Director and replaced with a new battery (2 of 2). The manufacturer's "use by" date, printed on the battery, is checked and recorded to ensure the battery is in proper working order at the time the battery is changed. 16. Wander guards audits were completed on 01/04/15 every shift by Licensed Nurses (RN/LPN) and documented on the TARs. Thirteen of thirteen (13 of 13) wander guard bracelets were found to be working properly during the audits. The RN/LPNs tested the function of each wander guard transmitter using the transmitter tester and validated the bracelets were functioning, placement on the resident was checked each shift and, documented on the TARs.	{F 323}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/30/2015
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NAME OF PROVIDER OR SUPPLIER BARKLEY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001
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{F 323}	<p>Continued From page 40</p> <p>17. Through the investigative process, it was determined that Resident #1 held the exit door near the beauty shop for fifteen (15) seconds to release the door at an undetermined time and traveled through the door sounding the wander guard alarm.</p> <p>18. It was determined that RN #1 heard the wander guard alarm, but failed to respond by initiating a search. RN #1 turned the alarm off and reset the alarm system, by her own admission. Subsequently RN #1 was put on suspension, and it was determined RN #1 had received education and passed a post-test on 11/25/14 , prior to this event, concerning response to any door alarm sounding in the facility and a resident search should be conducted both inside and outside the center.</p> <p>19. Entrance Codes for all exit egress doors (6 of 6) cannot be used to silence the alarms, and are not the same as exit codes. If an alarm should sound upon entrance of a visitor to the facility a staff member must respond to it to silence the alarm; visitors are not provided exit codes, they are only known by staff, and changed at least monthly by maintenance personnel.</p> <p>20. Thirteen of thirteen (13 of 13) residents residing in the facility that were identified as an elopement risks were reviewed by the RN/MDS Coordinator on 01/04/15. The Elopement Risk Evaluations, care plans and care cards were reviewed and updated, with the thirteen (13) residents at risk for elopement utilizing a wander guard bracelet. Fifty-nine (59) of sixty (60) Skill Nursing Facility (SNF) residents not currently identified as at risk for elopements were reviewed</p>	{F 323}		
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{F 323}	<p>Continued From page 41</p> <p>by the RN/ MDS Coordinator on 01/04/15. Care plan implementation for residents identified to be at risk for elopement will be initiated upon identification of the risk for elopement as determined by the elopement risk assessment by a licensed practical nurse or registered nurse. These care plans will be reviewed through the morning clinical process.</p> <p>21. On 01/04/15, the Administrator, DON, and ADON from a "sister" facility were re-educated by the Regional Vice President of Operations (RVPO) and Regional Manager of Clinical Operations (RMCO) regarding their job descriptions, the Center's policies on care plans, resident safety, quality assurance and administration requirements and the CMS guide for developing Purpose, Guiding Principles, and Scope for QAPI was reviewed. Post tests were conducted with the Administrator, DON, and ADON on 01/04/15 by RMCO with 100% pass rating to validate learning of material.</p> <p>22. On 01/04/15, re-education was provided to the Nurse Practice Educator (NPE) by the RMCO on the elopement policy and procedure and updating resident care plans for change in behaviors. A post-test was given to validate understanding of the elopement policy and care plan policy by the RMCO with a 100% passing rate.</p> <p>23. The facility's Administrator is responsible for implementation and adherence to the facility's policies and procedures. Facility oversight is provided by the Administrator, DON, ADON, and the Charge Nurses daily. Additional support has been and will be provided by RVPO, RMCO, and the Regional Clinical Educator (RCE).</p>	{F 323}		
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{F 323}	Continued From page 42 24. On 01/04/15, re-education was provided to the Therapy Program Manager, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, and Admissions Director by the Administrator and NPE on the facility's elopement policy and procedure, the sound of an emergency exit alarm and the sound of the wander guard alarm and updating resident care plans for change in behaviors; with a post-test given on 01/04/15 by the NPE validating understanding of the content by 100% pass rating. 25. Facility employees and contract employees' re-education was initiated by the NPE and Administrator beginning on 01/04/15. This reeducation was continued by the Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, Admissions Director or Administrator and was completed on 01/12/15. Ninety-one (91) of one-hundred and twelve (112) active employees and also contract employees scheduled to work completed the re-education and post-testing on 01/04/15. The remaining employees and/or contract employees (21 of 112), who were unavailable on 01/04/15 due to being on leave, out of town, or not scheduled will have or had education/re-education prior to returning or beginning work. They were educated and/or re-educated by the Administrator, NPE, DON, ADON, Dietary Supervisor, or Rehabilitation Program Manager, RN or LPN. Re-education of staff included the facility's policies on elopement prevention and management; the sound of an emergency exit alarm and the sound of the wander guard alarm; the facility policy for updating a resident' care plan for a change in behavior; which includes implementation of the	{F 323}			

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{F 323}	<p>Continued From page 43</p> <p>care plan. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training.</p> <p>26. An Ad Hoc PI meeting with the Administrator, DON, ADON, Admissions Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, and Medical Director was held on 01/04/15.</p> <p>27. Beginning on the day shift of 01/04/15, NPE or Licensed Nurses completed an elopement drill on each shift through 11:59 PM to audit training compliance. No concerns with these audits were identified. Charge Nurses (RN and/or LPNs), Department Managers or NPE will complete two (2) elopement drills, utilizing the "Elopement Drill Documentation Form" on each shift monthly for three (3) months (January 2015, February 2015, and March 2015), then two (2) quarterly for six (6) months; with corrective action at point of discovery of identified concerns. Findings will be reviewed by the Performance Improvement Committee (PIC) which meets at least ten (10) times annually. The PIC consists of: Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director and will make recommendations for additional audits based on audit outcomes.</p> <p>28. Beginning 01/04/15 Care Plan audits for diversion activities for those residents identified</p>	{F 323}		

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{F 323}	<p>Continued From page 44</p> <p>to be at risk for elopement will be audited by a RN or LPN, NPE, ADON, RN/MDS Coordinator, DON or Administrator. The audits will be completed on five (5) residents daily for fourteen (14) days, then five (5) residents weekly for eight (8) weeks, and then five (5) residents monthly for two (2) months. In addition, Elopement Risk care plans for five (5) residents identified at risk for elopement will be audited by DNS, ADNS, NPE, CRC, MDS Coordinator or Administrator for implementation and accuracy daily across random shifts times fourteen (14) days, then five (5) times per week time 60 days, then no less than three (3) times a week for an additional 30 days beginning 12/09/14, including visual validation that the elopement care plan is being followed. Additional audits will be determined by the monthly QI/PI committee which consists of Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director. Corrective Action and/or reeducation will be provided at point of discovery.</p> <p>29. Beginning 01/04/15 PIC minutes will be reviewed by the RVPO or RMCO for the next three (3) months.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she was notified of Resident #1 missing from the facility on 01/04/15 at 6:43 AM by CNA #2. RN #1 stated when she was told that Resident #1 was missing she went outside and</p>	{F 323}		

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{F 323}	<p>Continued From page 45</p> <p>located the resident. Review of Nursing Notes, dated 01/04/15 at 6:55 AM and 7:15 AM, revealed Resident #1 was found outside the building and brought back into the facility. CNA #2 changed the resident's socks and shoes due to moisture and muddiness and placed slipper socks on the resident. The resident's wander guard was verified for placement and function.</p> <p>2. Review of a Nursing Note, dated 01/04/15 at 6:55 AM, revealed a head to toe assessment was completed by RN #1 with no noted injuries. Review of a Change of Condition form, dated 01/04/15 revealed vital signs were taken and a visual assessment was completed with no notable injuries.</p> <p>3. Interview on 01/30/15 at 12:03 PM with LPN #8 revealed she had informed the Administrator and acting DON of the elopement of Resident #1 on 01/04/15, at approximately 7:00 AM.</p> <p>4. Review of the 12/29/14 Admission Minimum Data Set (MDS) assessment revealed Resident #1 was assessed as having a BIMS score of nine (9), which indicated the resident had moderate impairment and was interviewable. Review of a Nursing Note, dated 01/04/15 at 7:15 AM revealed Resident #1 complained of being cold but said he/she was fine, he/she went for a walk.</p> <p>5. Review of the facility's investigation revealed Resident #1 was placed on 1:1 supervision on 01/04/15. Review of 1:1 documentation revealed the resident was on 1:1 supervision until he/she was discharged on 01/26/15.</p> <p>6. Review of the AOC binder revealed attestation of the visual census verification of residents on all</p>	{F 323}		

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{F 323}	<p>Continued From page 46</p> <p>wings by RN # 5, CNA #2, CNA #3, CNA #19, and CNA #20.</p> <p>7. Review of Nursing Notes by RN #1, dated 01/04/15 at 7:15 AM, revealed she notified the physician of the elopement. Interview on 01/13/15 at 2 40 PM with Resident #1's physician, who was also the Medical Director, revealed he was notified of the elopement of Resident #1 and had been at the facility that day and assessed Resident #1 with no noted issues.</p> <p>8. Review of Nursing Notes and the Change of Condition form dated 01/04/15 revealed attempts to notify the resident's family three (3) times at 7:15 AM with a fourth (4th) attempt being made at 8:00 AM. Notification was made to the family member upon arrival to facility.</p> <p>9. Review of Resident #1's Elopement Evaluation and Care Plan revealed the evaluation and care plan were updated on 01/04/15 by the MDS Coordinator.</p> <p>10. Interview on 01/29/15 at 3:34 PM; and, on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed he was called by the Administrator to come in on 01/04/15, at 8:02 AM and left at 4:35 PM, related to the elopement investigation. He checked the functionality of the doors. The Maintenance Supervisor further revealed he thought there was no failure on the part of the doors, alarms or locks. Review of the Maintenance Supervisor's timecard revealed he was present in the facility on 01/04/15 from 8:02 AM until 4:35 PM. Review of the logbook entitled, Total Equipment Lifecycle Systems (TELS), dated 01/04/15 revealed doors, locks, and alarms were checked with a "pass" being documented.</p>	{F 323}		

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{F 323}	Continued From page 47 11. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed some of the residents were interviewed about a man coming into the facility with a dog, however, they were unable to verify this information. 12. Interview on 01/30/15 at 6:28 PM with Social Services Director (SSD) revealed she had interviewed residents about a male with a dog, and could not verify it. 13. Interview on 01/29/15 at 3:34 PM with the Maintenance Supervisor revealed he checked the functionality of the doors, and wander guard alarms. He stated the wander guard alarm would still go off at the doors even with the door releasing after being pushed on for fifteen (15) seconds. Interview on 01/29/15 at 5:14 PM with LPN #6 revealed the residents' wanderguards were tested every shift by the nurse with the transmitter and documented on the Treatment Administration Records (TARs). Review of the January TARs for residents at risk for elopement (13 of 13) revealed daily shift audits of the functionality of each resident's wanderguard. Interview on 01/29/15 at 11:31 AM with the Maintenance Helper revealed nurses checked the residents' wander guards with the transmitters. 14. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed a weekly testing of wanderguard transmitter testers was done and would be in the system. The Maintenance Supervisor provided a copy of the weekly testing of the wanderguard transmitter testers (3 of 3) with one being a spare; which revealed weekly checks were documented on 01/12/15, 01/20/15, and 01/26/15.	{F 323}		

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{F 323}	<p>Continued From page 48</p> <p>15. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed the batteries were changed in the wanderguard transmitter tester in September 2014, November 2014, and on 01/19/15; with the expiration date of the batteries placed on the documentation starting in January. Review of the Wanderguard Tester Battery Replacement Form provided by the Maintenance Supervisor revealed the batteries in the wanderguard transmitter tester were changed on 09/22/14, 11/20/14, and 01/19/15; with the start of documentation of battery expiration date beginning on 01/19/15.</p> <p>16. Interviews on 01/29/15 at 5:14 PM with LPN #6; on 01/09/15 at 2:45 PM with LPN #4; on 01/15/15 at 1:25 PM with RN #8; and, on 01/09/15 at 2:59 PM with RN #6 revealed residents' wanderguards were tested every shift by the nurse with the transmitter and it was documented on the Treatment Administration Records (TARs). Review of TARs for residents at risk for elopement revealed daily shift audits of the functionality of each resident wander guard.</p> <p>17. Review of the facility's investigation revealed in an interview conducted on 01/05/15 with CNA #21, who was providing 1:1 supervision of Resident #1, she commented to the resident the door was locked; and Resident #1 made a statement about the door sign saying "push" and the door will open in fifteen (15) seconds. Interview on 01/21/15 at 4:15 PM with the Administrator revealed Resident #1 was on 1:1 with CNA #21 when she had tried to open the door and CNA #21 commenting to the resident the door was locked.</p>	{F 323}		

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{F 323}	Continued From page 49 18. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she had turned off the alarm at the door when CNA #1 asked her to, because it was alarming, and the alarm had sounded different to her. RN #1 further revealed she had signed an elopement paper during orientation on 11/25/14, and she had been terminated after this incident. Review of the post-test for the Elopement Process revealed RN #1 passed the test with a score of 100% on 11/25/14. Interview on 01/18/15 at 1:13 PM with CRM revealed two (2) staff members were suspended with RN #2 being terminated after the incident. Interview on 01/13/15 at 12:40 PM with the acting DON at the time of the incident revealed RN #1 did not follow the facility's policy and had received the training and testing on elopement to include the sounds of alarms. 19. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed entrance and exit codes were not the same, and if a visitor activated the alarm a staff member would have to silence it. The Maintenance Supervisor stated the exit codes had been changed at least once monthly since November 2014. Review of the Log of Code Changes provided by the Maintenance Supervisor and Administrator revealed exit codes had been changed four (4) times on November 11/21/14, twice (2) on 11/28/14, twice (2) on 11/29/14, twice (2) on 12/26/14, twice (2) on 01/03/15, and once (1) on 01/10/15. Interviews with the CRC on 01/14/15 at 4:05 PM, the SSD on 01/16/15 at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #16 on 01/30/15 at 8:09 AM, CNA #21 at 01/12/15 at 1:01 PM, CNA #22 at 01/29/15 at 12:06 PM	{F 323}			

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{F 323}	<p>Continued From page 50</p> <p>revealed when alarms go off staff respond to the alarm. Interviews with LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8:25 AM, CNA #15 at 01/16/15 at 12:55 PM, CNA #16 on 01/30/15 at 8:09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12:06 PM revealed the codes to let visitors out was only provided to staff and no one else was to be given the code.</p> <p>20. Interview on 01/14/15 at 4:05 PM with the RN/MDS Coordinator revealed she had come in on 01/04/15 and reassessed all of the elopement risk residents (13 of 13) after the elopement. Review of the Elopement Care Plan Evaluations revealed (13 of 13) residents were reassessed on 01/04/15. Review of the AOC binder revealed review of residents identified as at risk for elopement by RN MDS Coordinator with a date of 01/04/15.</p> <p>21. Review of the AOC binder revealed education of the Administrator, the acting DON, and a sister facility's DON at the time of the elopement. This education was provided by the RVP and RMCO regarding regulations and requirements for F490 and F520 with Performance Improvement/Quality Improvement (PI/QI) being key to validation of the systems and key to enhancing quality of life for residents and staff at the Center. The education further stated, if/when there was a deviation of the facility's policy or standard of practice identified, it was the responsibility of the PI Committee to conduct a root cause analysis and determine applicable steps based on the analysis. A re-education document was signed by the Administrator and Acting DON on 01/04/15. A Post-test was given to the Administrator on subject matter by the RVP with 100% pass rate</p>	{F 323}		

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{F 323}	<p>Continued From page 51</p> <p>on 01/04/15. A post-test was given to the acting DON by RMCO on 01/04/15 with passing score of 100%. Review of the AOC binder revealed Administrative education with the acting DON at time of the elopement, incoming DON, and Administrator as well as their job description and post-test with a passing score.</p> <p>22. Review of the re-education post-test for the Nurse Practice Educator (NPE) entitled, "Resident Safety and Elopement", dated 01/04/15, revealed the RMCO completed the post-test with a passing score of 100%.</p> <p>23. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed the RVPO and RMCO educated the Administrator, Interim Director of Nursing (DON), and "assisting" Director of Nursing. She revealed the RMCO educated the Administrative staff on the post tests, then they educated the Department Heads, who then trained the facility staff related to the material on the post tests. The Administrator further revealed she, the interim DON, and the assisting DON were the only ones who received education specific to Administration and Quality Assurance. The education difference from the first IJ to the second IJ was focused more on what not to do, what the expectations were, and to not silence the alarm and walk away without knowing what was going on in that situation. The Administrator stated this would be a part of the facility's standard orientation.</p> <p>24. Review of the AOC binder revealed re-education to the Therapy Program Manager, RN MDS Coordinator, Payroll Coordinator and Admissions Director on the elopement policy and procedure, the sound of emergency exit alarms,</p>	{F 323}		
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{F 323}	Continued From page 52 sound of the wander guard alarm, and updating care plans for change in behaviors with post-test score of 100%. Interview on 01/29/15 at 4:50 PM with the Dietary Supervisor revealed she had been re-educated on: the elopement process; which involved the difference in the sound of the alarms, if staff notice an alarm going off, the staff is to check it, make sure no one has gone out, do a head count to see if residents are in the facility, and if not, search everywhere. A code yellow is called over the intercom and everybody in the facility is involved in the search. The Dietary Manager revealed she had received training on them and was involved in the morning meeting when they were discussed for revision related to any new behaviors residents may exhibit. She stated staff should not turn an alarm off until staff had discovered if a resident was missing and a code yellow has been called. 25. Review of the AOC binder revealed re-education, listing of staff per shift and date of education and passing score. Review included re-education of contract workers, and new staff to include CNAs, housekeeping, and the beautician. Re-education of staff included: facility's policies on elopement prevention and management. The sound of an emergency exit alarm and wanderguard, and the facility's policy for updating a residents' plan of care for a change in behavior. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training. Interviews with the CRC on 01/14/15 at 4:05 PM, SSD on 01/16/15	{F 323}			

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{F 323}	<p>Continued From page 53</p> <p>at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8:25 AM, CNA #15 at 01/16/15 at 12:55 PM, CNA #16 on 01/29/15 at 9:40 AM and on 01/30/15 at 8:09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12:06 PM revealed codes to let visitors out was only provided to staff and no one else was to be given the code when alarms go off. Staff should respond to the alarm. Interviews on 01/29/15 at 10:40 AM with the Receptionist, 4:35 PM with LPN #9, 3:00 PM with CNA #18 and 9:15 AM with Housekeeping Aide #2 revealed the location of the elopement risk binders for verification of residents at risk for elopement, knowledge of differing sound of wander guard alarm and door alarm, staff to respond immediately to alarming door, check the door, step outside and look, notify the nurse, a code yellow page for the resident, a back pack to take outside for the search outside, and the nurse will designate who searches where. Door exit codes are not to be given out and only employees are to have the door code. The Maintenance Supervisor checks the wanderguard against the door and the nurses on the floor check the resident's wanderguard and care plans are resident specific.</p> <p>26. Review of the AOC binder revealed an Ad Hoc PI meeting was held on 01/04/15 with the Administrator, Acting DON, Payroll/Benefits Designee, Marketing/Admissions Director, CRM, and Maintenance Supervisor in attendance.</p> <p>27. Review of the AOC binder revealed elopement drills were initiated on 01/04/15 after Resident #1 was found. Review of Inservice Sign</p>	{F 323}		
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F 490 SS=J	<p>{F 323} Continued From page 54 in Sheets for Elopement Drill revealed elopement drills were done every shift for 01/04/15 and continued on each shift through 01/29/15 with no concerns identified.</p> <p>28. Review of the AOC binder revealed care plan audits were conducted on 01/04/15 through 01/29/15, for residents identified as an elopement risk with diversion activities added.</p> <p>29. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed, in regard to the AD HOC meeting, that information regarding the AOC was discussed to try to identify the root cause and what to do to achieve compliance. She stated they will continue to do two (2) drills per month, and two (2) drills quarterly for six (6) months, and if any concerns were identified, they will be addressed at that time. The Administrator stated the PI Committee conducted an AD HOC meeting recently (yesterday) where they discussed current audits with no concerns. The PI Committee will meet ten (10) times annually at least. She also stated, that she and the DON had met with the Medical Director last night to review audits and the AOC. The Administrator revealed she completed the audits, and "We are looking at residents who are identified at risk for elopement, and if he/she head to the door, how the staff will divert him/her." No concerns were identified. The PI Committee minutes will also be reviewed by the RVPO or RMCO for the next three months.</p> <p>483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING</p> <p>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest</p>	{F 323}	<p>F 490</p> <p>On 01/04/2015 the Administrator and Director of Nursing were re-educated by Regional Vice President of Operations (via telephone) and Regional Manager of Clinical Operations (in person) regarding his/her job descriptions, the center policies on care plan, resident safety, quality assurance and administration requirements.</p>	

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F 490	Continued From page 55 practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the Administrator's job description, and review of the facility's policy and procedures, and the Allegation of Compliance (AOC) and Plan of Correction (PoC) for the 12/11/14 Immediate Jeopardy Abbreviated Survey, it was determined the facility failed to have an effective system to ensure staff was knowledgeable related to the facility's elopement policy and procedures to ensure the residents' safety. This failure affected one (1) of six (6) sampled residents (Resident #1). On 11/21/14, a resident exited the facility without staff's knowledge, unsupervised which resulted in the facility being cited Immediate Jeopardy. The facility educated staff on the facility's policy and procedures related to how to respond to an alarm, the different sounds and the types of alarms. However, the facility failed to ensure the staff followed the policy and procedures, in order to keep Resident #1 safe. Resident #1 exited the facility without staff's knowledge approximately six (6) weeks later, after the first Immediate Jeopardy. On 01/04/15 at approximately 6:15 AM-6:30 AM, a door alarm sounded and Registered Nurse (RN) #1 turned off the alarm; however, the RN failed to conduct a head count and search outside the door for a resident per the facility's policy and procedures, which were included in the AOC and POC. In addition, the nurse failed to identify that	F 490	Post-tests were conducted with Administrator and Director of Nursing Services on 01/04/2015 by the Manager of Clinical Operations with a 100% pass rating to validate learning of the above noted education. The Center Administrator is responsible for the implementation of and adherence to facility policy and procedures. Center oversight is provided by the Administrator, Director of Nursing Services, Assistant Director of Nursing Services and the Charge Nurses on a daily basis. Beginning on 1/4/15, PI minutes will be reviewed by the RVPO or RMCO for at least 3 months. Compliance Date:	2/13/15	

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F 490	<p>Continued From page 56</p> <p>the alarm that was sounding was a wanderguard alarm. At approximately 6:40 AM, after the resident's roommate informed staff the resident had gone for a walk, Certified Nurse Aide (CNA) #2 identified that Resident #1 was not in the facility. Resident #1 had exited the facility without staff's knowledge and was discovered outside on a main road at approximately 6:45 AM. The Administrator failed to ensure the education provided to staff was effective. (Refer to F323)</p> <p>The facility's failure to be administered in a manner that enabled it to use its resources effectively and efficiently has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 01/16/15 and determined to exist on 01/04/15. The facility was notified of the Immediate Jeopardy on 01/16/15. An acceptable Allegation of Compliance (AoC) was received on 01/26/15 and the State Survey Agency validated the Immediate Jeopardy was removed on 01/13/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of facility's job description for the Administrator, last revised 08/01/12, revealed, "The Administrator was responsible for planning and was accountable for all activities and departments of the Center subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents. The Administrator administers, directs and coordinates all activities of the Center to</p>	F 490		

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F 490	<p>Continued From page 57</p> <p>assure the highest degree of quality of care is consistently provided to residents; and concerns his/herself with the safety of all Nursing Center residents in order to minimize the potential for fire and accidents."</p> <p>Review of the facility's policy and procedures titled, "Elopement of Patient", last revised 05/15/14, revealed residents should be evaluated for elopement risk upon admission, readmission, quarterly and with a change in condition as part of the nursing assessment process. Those determined to be at risk should receive appropriate interventions to reduce risk and minimize injury. For residents identified at risk, an interdisciplinary elopement prevention care plan should be developed with family and resident participation. Individual risk factors and patterns will be identified and addressed within the care plan. Further review of the policy revealed for unwitnessed elopements staff should search room to room and all areas of the Center: resident rooms, closets, under beds, shower rooms, utility rooms, offices, dining rooms, stairwells, laundry, kitchen (including walk-in refrigerators and freezers), bathrooms, dayrooms/lounges, courtyards, and employee lounges, and outside perimeter and grounds.</p> <p>Interview and record review revealed the facility assessed Resident #1 and care planned him/her as an elopement risk. According to the 12/11/14 Abbreviated Survey's AOC and POC the Administrator and Administrative staff educated staff on the facility's Elopement Prevention and Management Policy and a Post Test was given to determine staff competency. The education included the "... Expected employee response to a door alarm" and, the different sounds of the</p>	F 490			

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F 490	<p>Continued From page 58</p> <p>door alarms. Review of the Post Test administered after the education revealed the door alarm was described as high pitched and fast, like a siren and the wander guard alarm was a high-pitched, slow, chirping sound. However, on 01/04/15 at approximately 6:15 AM-6:30 AM, the exit door alarm sounded by the Therapy Department. RN #1 turned the alarm off but failed to identify that the alarm was the wanderguard alarm; she failed to search for the resident outside the door; and, failed to conduct a head count to ensure all residents were accounted for per the facility's AoC and PoC. At approximately 6:30 AM, CNA #2 was told by another resident that Resident #1 had gone for a walk. Resident #1 was found standing outside the facility on a main road at approximately 6:45 AM.</p> <p>Further review of the AoC and PoC revealed elopement drills were conducted on each shift monthly (December 2014 and January 2015) but the facility did not identify any concerns. Review of the elopement Drill Documentation Audit Form revealed the Audit addressed identifying if staff responded to the announcement of a Code Yellow on the intercom system; however, the form did not address if the appropriate action was taken when a wanderguard alarm sounded and if staff was able to identify the alarm as a wanderguard alarm.</p> <p>Further review of the AOC and the POC revealed elopements drills were conducted on 11/21/14, 11/22/14, 11/23/14, 11/24/14, 01/04/15 and 01/10/15. These drills ensured that staff was able to hear the alarm sounding at the door or at the Nurse's Station. However, the drills did not address or ensure that staff could distinguish the</p>	F 490			

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F 490	<p>Continued From page 59</p> <p>different alarms. Interview with RN #1 revealed the alarm sounded different but she did not recognize it as the wanderguard alarm.</p> <p>Interview with RN #1, on 01/12/15 at 2:56 PM and on 01/14/15 at 9:22 AM, revealed when the alarm sounded she turned off the alarm with the key and the code at the door because CNA #1 stated the alarm was sounding related to another resident reentering the facility. RN #1 stated she did not conduct a head count and search outside the door, as per the AOC and POC.</p> <p>RN #1 stated she was not sure of the elopement procedures; however, review of a post test, conducted at the end of an inservice, after the 12/11/14 Immediate Jeopardy, addressing the facility's elopement policy and procedures revealed she scored 100%. The post test included fill in the blank questions: "If a door alarm sounds, what are the three (3) immediate steps?" The RN's written responses were "1. check the alarm, 2. thoroughly check the area, and 3. validate that no resident is missing."</p> <p>Interview on 01/13/15 at 12:17 PM with CNA #5 revealed CNA #2 asked if Resident #1 had been seen on the hall around 6 00 AM on 01/04/15 CNA #5 stated she was confused because no code had been called and no one had announced or done anything according to the policy. CNA #5 further revealed the policy was not followed even after she informed her nurse that a resident could not be found. CNA #5 stated the facility's protocol was not initiated, and the staff did not do what they were suppose to do.</p> <p>CNA #1 revealed he did not know how Resident #1 got out of the facility and the last alarm he</p>	F 490			

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F 490	<p>Continued From page 60</p> <p>heard was around 4:00 AM and 5:00 AM. He stated RN #1 told him to continue his bed checks and she would get the alarm.</p> <p>Interview on 01/11/15 at 4:59 PM; and, on 01/14/15 at 12:11 PM with Licensed Practical Nurse (LPN) #1, revealed she was in another resident's room when she heard an alarm. She stated she did not hear anything on the intercom system, but she was informed by CNA #5 that a resident had gotten out of the facility. LPN #1 stated she continued with her work, and did not know if the resident had been found or not. During the interview, LPN #1 stated when an alarm goes off, staff are to go to the desk and see where the alarm is and tell everyone to start looking for a resident, do a head count, and start looking at the door and around where the alarm went off. She stated if no one is found and the head count is correct, then it is called off. LPN #1 revealed this was not done on the day Resident #1 eloped and she did not know if the resident had gone out or not. LPN #1 revealed she had been trained on elopement and the wanderguard policy and procedure. Even though the LPN had been trained, she failed to follow the facility's elopement policy.</p> <p>Interview with the Administrator, on 01/12/15 at 4:20 PM, on 01/21/15 at 4:15 PM and on 01/30/15 at 6:00 PM, revealed the root cause of the incident was that the nurse walked away and shut off the wanderguard alarm. The Administrator stated the RN should have recognized it was a wanderguard alarm and validated whether there was a resident outside instead of just turning the alarm off. The Administrator stated the RN should not have assumed all was all right because she knew the</p>	F 490		
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F 490	Continued From page 61 alarms sounded differently. Further interview revealed she expected the staff to know the sounds of the alarms, search inside and outside when an alarm sounded and do a visual census check. However, she stated they focused the education more on what not to do, such as not silencing the alarm and walking away without knowing what was happening. The Administrator revealed staff was educated and was able to verbalize the sound of the routine alarm which had a high pitched and fast sound, like a siren, and the wanderguard alarm which had a high pitched, slow, chirping sound (two beats). If the staff was unable to verbalize, she would reeducate immediately. However, interview with staff revealed they were confused and didn't follow the facility's policy. RN #1 stated she could not tell that the alarm was for the wandergard. The facility implemented the following actions to remove the Immediate Jeopardy:	F 490			
	1. On 01/04/15 between 6:30 AM-6:45 AM, CNA #2 notified RN #1 that Resident #1 was not in the facility. Based on the report, RN #1 began the search for Resident #1 outside the facility while CNA #2 continued the search inside. Resident #1 was found on 01/04/15 at approximately 6:45 AM outside the facility, unsupervised. He/She was assisted back into the facility by RN #1. (Review of the weather history for 01/04/15 at 6:53 AM revealed the temperature was 44.1 degrees Fahrenheit (F) with a wind chill temperature of 37.0 degrees F and no precipitation.) CNA #2 removed Resident #1's shoes and socks, replacing them with non-skid socks, and escorted him/her back to his/her room at approximately 6:50 AM. The resident's clothes were reported to be dry by CNA #2. RN #1 documented the				

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/30/2015
NAME OF PROVIDER OR SUPPLIER BARKLEY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001	
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F 490	<p>Continued From page 62</p> <p>resident's wanderguard sounded upon re-entry to the facility. (Review of a Nursing Note, dated 01/14/15 at 7:15 AM, revealed Resident #1 was wearing a pink jogging suit and his/her shoes were wet and slightly soiled when found outside the facility).</p> <p>2. Upon return of Resident #1 to his/her room at approximately 6:50 AM, a head to toe assessment was conducted by RN #1 with no injury noted related to the event. RN #1 completed an assessment and vital signs of Resident #1 and documented the findings on the Change of Condition Form, and in the Nursing Notes.</p> <p>3. The Administrator and DON were notified on 01/04/15 at approximately 7:01 AM by LPN #8 of Resident #1's elopement.</p> <p>4. The resident's BIMS score revealed Resident #1 was interviewable with confusion at times Resident #1 was interviewed by RN #1 on 01/04/15 and the resident stated "I'm fine; I was just going for a walk." Review of the Admission Minimum Data Set assessment, dated 12/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of nine (9) which indicated the resident was interviewable (however, the resident was diagnosed with Alzheimer's, Dementia and Psychoses).</p> <p>5. Upon return to the facility Resident #1 was placed on 1:1 observation at approximately 7:00 AM. The resident will remain on 1:1 supervision until alternative placement could be found or an RN assessed Resident #1 to no longer be at risk for elopement. Resident #1 remained on 1:1</p>	F 490	

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F 490	Continued From page 63 supervision until discharged on 01/26/15 to a secured assisted living facility in another state. 6. A visual census check was conducted by RN #5 on the 300/400 Wing after Resident #1 was back in the facility; and the 100/200 Wing was checked by CNA #3, CNA #19, and CNA #20 validating all residents were in the facility. Upon notification of the elopement, RN and LPN Charge Nurses immediately completed a visual validation to ensure all residents (73 of 74) were present in the facility. 7. The attending physician, was notified in person of the elopement of Resident #1 by RN #1 on 01/04/15 at 7:00 AM. The Physician assessed Resident #1 with no new orders noted. 8. The responsible party was called twice at 7:00 AM with no answer and two (2) more attempts were made at 8:00 AM with no answer. The responsible party was notified by RN #5 upon entering the building, and by the Administrator at 1:00 PM. 9. The RN/MDS Coordinator completed an updated Elopement Evaluation for Resident #1 on 01/04/15. Resident #1's care plan was updated on 01/04/15 by the RN/MDS Coordinator to include an updated elopement evaluation and one to one observation. 10. At approximately 7:00 AM on 01/04/15, the Maintenance Supervisor was contacted by the Administrator via phone to come to the facility to participate in the investigation. Upon arrival at approximately 8:00 AM, the Maintenance Supervisor checked all egress doors for function of the alarms and magnetic locks.	F 490			

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F 490	Continued From page 64 11. At approximately 7:45 AM, a second interview with Resident #1 was conducted by the Administrator, with Resident #1 stating he/she went outside when the door was opened by an unidentified male who came into the facility with a dog. Resident #1 could not give a description of the male and stated he/she had exited to go to the bank. 12. A search of the 300/400 Hall and interviews with residents and staff on the 300/400 Hall conducted by the Social Services Director at approximately 8:00 AM verified that no male visitors and no dogs were identified in the Center between the hours of 6:00 AM and 8:00 AM. 13. Door alarm and magnetic lock function audits were completed on 01/04/15 by the Maintenance Supervisor. All door locking mechanisms and alarms were found to be working properly during the audits. It was validated that with a wander guard present, the door would release in fifteen (15) seconds sounding an emergency exit alarm. When the wander guard passed through the doorway, the alarm sound changed from the emergency exit alarm sound to the wander guard alarm sound. 14. The Maintenance Supervisor or Assistant Maintenance Director conducts a weekly tests on the transmitter tester (202) on a wander guard bracelet to validate it is in working order. 15. The nine (9) volt battery powering the transmitter tester is changed at least every sixty (60) days by the Maintenance Supervisor or the Assistant Maintenance Director and replaced with a new battery (2 of 2). The manufacturer's "use	F 490			

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F 490	<p>Continued From page 65</p> <p>by" date, printed on the battery, is checked and recorded to ensure the battery is in proper working order at the time the battery is changed.</p> <p>16. Wander guards audits were completed on 01/04/15 every shift by Licensed Nurses (RN/LPN) and documented on the TARs. Thirteen of thirteen (13 of 13) wander guard bracelets were found to be working properly during the audits. The RN/LPNs tested the function of each wander guard transmitter using the transmitter tester and validated the bracelets were functioning, placement on the resident was checked each shift and, documented on the TARs.</p> <p>17. Through the investigative process, it was determined that Resident #1 held the exit door near the beauty shop for fifteen (15) seconds to release the door at an undetermined time and traveled through the door sounding the wander guard alarm.</p> <p>18. It was determined that RN #1 heard the wander guard alarm, but failed to respond by initiating a search. RN #1 turned the alarm off and reset the alarm system, by her own admission. Subsequently RN #1 was put on suspension, and it was determined RN #1 had received education and passed a post-test on 11/25/14, prior to this event, concerning response to any door alarm sounding in the facility and a resident search should be conducted both inside and outside the center.</p> <p>19. Entrance Codes for all exit egress doors (6 of 6) cannot be used to silence the alarms, and are not the same as exit codes. If an alarm should sound upon entrance of a visitor to the facility a</p>	F 490			

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F 490	<p>Continued From page 66</p> <p>staff member must respond to it to silence the alarm; visitors are not provided exit codes, they are only known by staff, and changed at least monthly by maintenance personnel.</p> <p>20. Thirteen of thirteen (13 of 13) residents residing in the facility that were identified as an elopement risks were reviewed by the RN/MDS Coordinator on 01/04/15. The Elopement Risk Evaluations, care plans and care cards were reviewed and updated, with the thirteen (13) residents at risk for elopement utilizing a wander guard bracelet. Fifty-nine (59) of sixty (60) Skill Nursing Facility (SNF) residents not currently identified as at risk for elopements were reviewed by the RN/ MDS Coordinator on 01/04/15. Care plan implementation for residents identified to be at risk for elopement will be initiated upon identification of the risk for elopement as determined by the elopement risk assessment by a licensed practical nurse or registered nurse. These care plans will be reviewed through the morning clinical process.</p> <p>21. On 01/04/15, the Administrator, DON, and ADON from a "sister" facility were re-educated by the Regional Vice President of Operations (RVPO) and Regional Manager of Clinical Operations (RMCO) regarding their job descriptions, the Center's policies on care plans, resident safety, quality assurance and administration requirements and the CMS guide for developing Purpose, Guiding Principles, and Scope for QAPI was reviewed. Post tests were conducted with the Administrator, DON, and ADON on 01/04/15 by RMCO with 100% pass rating to validate learning of material.</p> <p>22. On 01/04/15, re-education was provided to</p>	F 490		

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F 490	<p>Continued From page 67</p> <p>the Nurse Practice Educator (NPE) by the RMCO on the elopement policy and procedure and updating resident care plans for change in behaviors. A post-test was given to validate understanding of the elopement policy and care plan policy by the RMCO with a 100% passing rate.</p> <p>23. The facility's Administrator is responsible for implementation and adherence to the facility's policies and procedures. Facility oversight is provided by the Administrator, DON, ADON, and the Charge Nurses daily. Additional support has been and will be provided by RVPO, RMCO, and the Regional Clinical Educator (RCE).</p> <p>24. On 01/04/15, re-education was provided to the Therapy Program Manager, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, and Admissions Director by the Administrator and NPE on the facility's elopement policy and procedure, the sound of an emergency exit alarm and the sound of the wander guard alarm and updating resident care plans for change in behaviors; with a post-test given on 01/04/15 by the NPE validating understanding of the content by 100% pass rating.</p> <p>25. Facility employees and contract employees' re-education was initiated by the NPE and Administrator beginning on 01/04/15. This reeducation was continued by the Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, Admissions Director or Administrator and was completed on 01/12/15. Ninety-one (91) of one-hundred and twelve (112) active employees and also contract employees scheduled to work completed the re-education and post-testing on</p>	F 490			

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F 490	<p>Continued From page 68</p> <p>01/04/15. The remaining employees and/or contract employees (21 of 112), who were unavailable on 01/04/15 due to being on leave, out of town, or not scheduled will have or had education/re-education prior to returning or beginning work. They were educated and/or re-educated by the Administrator, NPE, DON, ADON, Dietary Supervisor, or Rehabilitation Program Manager, RN or LPN. Re-education of staff included the facility's policies on elopement prevention and management; the sound of an emergency exit alarm and the sound of the wander guard alarm; the facility policy for updating a resident' care plan for a change in behavior; which includes implementation of the care plan. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training.</p> <p>26. An Ad Hoc PI meeting with the Administrator, DON, ADON, Admissions Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, and Medical Director was held on 01/04/15.</p> <p>27. Beginning on the day shift of 01/04/15, NPE or Licensed Nurses completed an elopement drill on each shift through 11:59 PM to audit training compliance. No concerns with these audits were identified. Charge Nurses (RN and/or LPNs), Department Managers or NPE will complete two (2) elopement drills, utilizing the "Elopement Drill Documentation Form" on each shift monthly for three (3) months (January 2015, February 2015,</p>	F 490		

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F 490	<p>Continued From page 69</p> <p>and March 2015), then two (2) quarterly for six (6) months; with corrective action at point of discovery of identified concerns. Findings will be reviewed by the Performance Improvement Committee (PIC) which meets at least ten (10) times annually. The PIC consists of: Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director and will make recommendations for additional audits based on audit outcomes.</p> <p>28. Beginning 01/04/15 Care Plan audits for diversional activities for those residents identified to be at risk for elopement will be audited by a RN or LPN, NPE, ADON, RN/MDS Coordinator, DON or Administrator. The audits will be completed on five (5) residents daily for fourteen (14) days, then five (5) residents weekly for eight (8) weeks, and then five (5) residents monthly for two (2) months. In addition, Elopement Risk care plans for five (5) residents identified at risk for elopement will be audited by DNS, ADNS, NPE, CRC, MDS Coordinator or Administrator for implementation and accuracy daily across random shifts times fourteen (14) days, then five (5) times per week time 60 days, then no less than three (3) times a week for an additional 30 days beginning 12/09/14, including visual validation that the elopement care plan is being followed. Additional audits will be determined by the monthly QI/PI committee which consists of Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director. Corrective Action and/or reeducation will be provided at point of discovery.</p>	F 490			

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F 490	Continued From page 70 29. Beginning 01/04/15 PIC minutes will be reviewed by the RVPO or RMCO for the next three (3) months. The State Survey Agency validated the corrective actions taken by the facility as follows: 1. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she was notified of Resident #1 missing from the facility on 01/04/15 at 6:43 AM by CNA #2. RN #1 stated when she was told that Resident #1 was missing she went outside and located the resident. Review of Nursing Notes, dated 01/04/15 at 6:55 AM and 7:15 AM, revealed Resident #1 was found outside the building and brought back into the facility. CNA #2 changed the resident's socks and shoes due to moisture and muddiness and placed slipper socks on the resident. The resident's wander guard was verified for placement and function. 2. Review of a Nursing Note, dated 01/04/15 at 6:55 AM, revealed a head to toe assessment was completed by RN #1 with no noted injuries. Review of a Change of Condition form, dated 01/04/15 revealed vital signs were taken and a visual assessment was completed with no notable injuries. 3. Interview on 01/30/15 at 12:03 PM with LPN #8 revealed she had informed the Administrator and acting DON of the elopement of Resident #1 on 01/04/15, at approximately 7:00 AM. 4. Review of the 12/29/14 Admission Minimum Data Set (MDS) assessment revealed Resident	F 490			

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F 490	<p>Continued From page 71</p> <p>#1 was assessed as having a BIMS score of nine (9), which indicated the resident had moderate impairment and was interviewable. Review of a Nursing Note, dated 01/04/15 at 7:15 AM revealed Resident #1 complained of being cold but said he/she was fine, he/she went for a walk.</p> <p>5. Review of the facility's investigation revealed Resident #1 was placed on 1:1 supervision on 01/04/15. Review of 1:1 documentation revealed the resident was on 1:1 supervision until he/she was discharged on 01/26/15.</p> <p>6. Review of the AOC binder revealed attestation of the visual census verification of residents on all wings by RN # 5, CNA #2, CNA #3, CNA #19, and CNA #20.</p> <p>7. Review of Nursing Notes by RN #1, dated 01/04/15 at 7:15 AM, revealed she notified the physician of the elopement. Interview on 01/13/15 at 2:40 PM with Resident #1's physician, who was also the Medical Director, revealed he was notified of the elopement of Resident #1 and had been at the facility that day and assessed Resident #1 with no noted issues.</p> <p>8. Review of Nursing Notes and the Change of Condition form dated 01/04/15 revealed attempts to notify the resident's family three (3) times at 7:15 AM with a fourth (4th) attempt being made at 8:00 AM. Notification was made to the family member upon arrival to facility.</p> <p>9. Review of Resident #1's Elopement Evaluation and Care Plan revealed the evaluation and care plan were updated on 01/04/15 by the MDS Coordinator.</p>	F 490			

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F 490	<p>Continued From page 72</p> <p>10. Interview on 01/29/15 at 3:34 PM; and, on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed he was called by the Administrator to come in on 01/04/15, at 8:02 AM and left at 4:35 PM, related to the elopement investigation. He checked the functionality of the doors. The Maintenance Supervisor further revealed he thought there was no failure on the part of the doors, alarms or locks. Review of the Maintenance Supervisor's timecard revealed he was present in the facility on 01/04/15 from 8:02 AM until 4:35 PM. Review of the logbook entitled, Total Equipment Lifecycle Systems (TELS), dated 01/04/15 revealed doors, locks, and alarms were checked with a "pass" being documented.</p> <p>11. Interview with the Administrator, on 01/30/15 at 5 15 PM, revealed some of the residents were interviewed about a man coming into the facility with a dog; however, they were unable to verify this information.</p> <p>12. Interview on 01/30/15 at 6:28 PM with Social Services Director (SSD) revealed she had interviewed residents about a male with a dog, and could not verify it.</p> <p>13. Interview on 01/29/15 at 3:34 PM with the Maintenance Supervisor revealed he checked the functionality of the doors, and wander guard alarms. He stated the wander guard alarm would still go off at the doors even with the door releasing after being pushed on for fifteen (15) seconds. Interview on 01/29/15 at 5:14 PM with LPN #6 revealed the residents' wanderguards were tested every shift by the nurse with the transmitter and documented on the Treatment Administration Records (TARs). Review of the January TARs for residents at risk for elopement</p>	F 490		

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F 490	<p>Continued From page 73</p> <p>(13 of 13) revealed daily shift audits of the functionality of each resident's wanderguard. Interview on 01/29/15 at 11:31 AM with the Maintenance Helper revealed nurses checked the residents' wander guards with the transmitters.</p> <p>14. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed a weekly testing of wanderguard transmitter testers was done and would be in the system. The Maintenance Supervisor provided a copy of the weekly testing of the wanderguard transmitter testers (3 of 3) with one being a spare; which revealed weekly checks were documented on 01/12/15, 01/20/15, and 01/26/15.</p> <p>15. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed the batteries were changed in the wanderguard transmitter tester in September 2014, November 2014, and on 01/19/15; with the expiration date of the batteries placed on the documentation starting in January. Review of the Wanderguard Tester Battery Replacement Form provided by the Maintenance Supervisor revealed the batteries in the wanderguard transmitter tester were changed on 09/22/14, 11/20/14, and 01/19/15, with the start of documentation of battery expiration date beginning on 01/19/15.</p> <p>16. Interviews on 01/29/15 at 5:14 PM with LPN #6; on 01/09/15 at 2:45 PM with LPN #4; on 01/15/15 at 1:25 PM with RN #8; and, on 01/09/15 at 2:59 PM with RN #6 revealed residents' wanderguards were tested every shift by the nurse with the transmitter and it was documented on the Treatment Administration Records (TARs). Review of TARs for residents at risk for elopement revealed daily shift audits of</p>	F 490		

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F 490	<p>Continued From page 74</p> <p>the functionality of each resident wander guard.</p> <p>17. Review of the facility's investigation revealed in an interview conducted on 01/05/15 with CNA #21, who was providing 1:1 supervision of Resident #1, she commented to the resident the door was locked; and Resident #1 made a statement about the door sign saying "push" and the door will open in fifteen (15) seconds. Interview on 01/21/15 at 4:15 PM with the Administrator revealed Resident #1 was on 1:1 with CNA #21 when she had tried to open the door and CNA #21 commenting to the resident the door was locked.</p> <p>18. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she had turned off the alarm at the door when CNA #1 asked her to, because it was alarming, and the alarm had sounded different to her. RN #1 further revealed she had signed an elopement paper during orientation on 11/25/14, and she had been terminated after this incident. Review of the post-test for the Elopement Process revealed RN #1 passed the test with a score of 100% on 11/25/14. Interview on 01/18/15 at 1:13 PM with CRM revealed two (2) staff members were suspended with RN #2 being terminated after the incident. Interview on 01/13/15 at 12:40 PM with the acting DON at the time of the incident revealed RN #1 did not follow the facility's policy and had received the training and testing on elopement to include the sounds of alarms.</p> <p>19. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed entrance and exit codes were not the same, and if a visitor activated the alarm a staff member would have to silence it. The Maintenance Supervisor stated</p>	F 490		

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F 490	<p>Continued From page 75</p> <p>the exit codes had been changed at least once monthly since November 2014. Review of the Log of Code Changes provided by the Maintenance Supervisor and Administrator revealed exit codes had been changed four (4) times on November 11/21/14, twice (2) on 11/28/14, twice (2) on 11/29/14, twice (2) on 12/26/14, twice (2) on 01/03/15, and once (1) on 01/10/15. Interviews with the CRC on 01/14/15 at 4:05 PM, the SSD on 01/16/15 at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #16 on 01/30/15 at 8:09 AM, CNA #21 at 01/12/15 at 1:01 PM, CNA #22 at 01/29/15 at 12:06 PM revealed when alarms go off staff respond to the alarm. Interviews with LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8 25 AM, CNA #15 at 01/16/15 at 12.55 PM, CNA #16 on 01/30/15 at 8 09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12.06 PM revealed the codes to let visitors out was only provided to staff and no one else was to be given the code.</p> <p>20. Interview on 01/14/15 at 4 05 PM with the RN/MDS Coordinator revealed she had come in on 01/04/15 and reassessed all of the elopement risk residents (13 of 13) after the elopement. Review of the Elopement Care Plan Evaluations revealed (13 of 13) residents were reassessed on 01/04/15. Review of the AOC binder revealed review of residents identified as at risk for elopement by RN MDS Coordinator with a date of 01/04/15.</p> <p>21. Review of the AOC binder revealed education of the Administrator, the acting DON, and a sister facility's DON at the time of the elopement. This</p>	F 490			

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F 490	<p>Continued From page 76</p> <p>education was provided by the RVP and RMCO regarding regulations and requirements for F490 and F520 with Performance Improvement/Quality Improvement (PI/QI) being key to validation of the systems and key to enhancing quality of life for residents and staff at the Center. The education further stated, if/when there was a deviation of the facility's policy or standard of practice identified, it was the responsibility of the PI Committee to conduct a root cause analysis and determine applicable steps based on the analysis. A re-education document was signed by the Administrator and Acting DON on 01/04/15. A Post-test was given to the Administrator on subject matter by the RVP with 100% pass rate on 01/04/15. A post-test was given to the acting DON by RMCO on 01/04/15 with passing score of 100%. Review of the AOC binder revealed Administrative education with the acting DON at time of the elopement, incoming DON, and Administrator as well as their job description and post-test with a passing score.</p> <p>22. Review of the re-education post-test for the Nurse Practice Educator (NPE) entitled, "Resident Safety and Elopement", dated 01/04/15, revealed the RMCO completed the post-test with a passing score of 100%.</p> <p>23. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed the RVPO and RMCO educated the Administrator, Interim Director of Nursing (DON), and "assisting" Director of Nursing. She revealed the RMCO educated the Administrative staff on the post tests, then they educated the Department Heads, who then trained the facility staff related to the material on the post tests. The Administrator further revealed she, the interim DON, and the assisting DON</p>	F 490			

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F 490	<p>Continued From page 77</p> <p>were the only ones who received education specific to Administration and Quality Assurance. The education difference from the first IJ to the second IJ was focused more on what not to do, what the expectations were, and to not silence the alarm and walk away without knowing what was going on in that situation. The Administrator stated this would be a part of the facility's standard orientation.</p> <p>24. Review of the AOC binder revealed re-education to the Therapy Program Manager, RN MDS Coordinator, Payroll Coordinator and Admissions Director on the elopement policy and procedure, the sound of emergency exit alarms, sound of the wander guard alarm, and updating care plans for change in behaviors with post-test score of 100%. Interview on 01/29/15 at 4:50 PM with the Dietary Supervisor revealed she had been re-educated on: the elopement process; which involved the difference in the sound of the alarms, if staff notice an alarm going off, the staff is to check it, make sure no one has gone out, do a head count to see if residents are in the facility, and if not, search everywhere. A code yellow is called over the intercom and everybody in the facility is involved in the search. The Dietary Manager revealed she had received training on them and was involved in the morning meeting when they were discussed for revision related to any new behaviors residents may exhibit. She stated staff should not turn an alarm off until staff had discovered if a resident was missing and a code yellow has been called.</p> <p>25. Review of the AOC binder revealed re-education, listing of staff per shift and date of education and passing score. Review included re-education of contract workers, and new staff to</p>	F 490		

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F 490	Continued From page 78 include CNAs, housekeeping, and the beautician. Re-education of staff included: facility's policies on elopement prevention and management. The sound of an emergency exit alarm and wanderguard, and the facility's policy for updating a residents' plan of care for a change in behavior. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training. Interviews with the CRC on 01/14/15 at 4:05 PM, SSD on 01/16/15 at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8:25 AM, CNA #15 at 01/16/15 at 12:55 PM, CNA #16 on 01/29/15 at 9:40 AM and on 01/30/15 at 8:09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12:06 PM revealed codes to let visitors out was only provided to staff and no one else was to be given the code when alarms go off. Staff should respond to the alarm. Interviews on 01/29/15 at 10:40 AM with the Receptionist, 4:35 PM with LPN #9, 3:00 PM with CNA #18 and 9:15 AM with Housekeeping Aide #2 revealed the location of the elopement risk binders for verification of residents at risk for elopement, knowledge of differing sound of wander guard alarm and door alarm, staff to respond immediately to alarming door, check the door, step outside and look, notify the nurse, a code yellow page for the resident, a back pack to take outside for the search outside, and the nurse will designate who searches where. Door exit codes are not to be given out and only employees are to	F 490		

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F 490	Continued From page 79 have the door code. The Maintenance Supervisor checks the wanderguard against the door and the nurses on the floor check the resident's wanderguard and care plans are resident specific. 26. Review of the AOC binder revealed an Ad Hoc PI meeting was held on 01/04/15 with the Administrator, Acting DON, Payroll/Benefits Designee, Marketing/Admissions Director, CRM, and Maintenance Supervisor in attendance. 27. Review of the AOC binder revealed elopement drills were initiated on 01/04/15 after Resident #1 was found. Review of Inservice Sign in Sheets for Elopement Drill revealed elopement drills were done every shift for 01/04/15 and continued on each shift through 01/29/15 with no concerns identified. 28. Review of the AOC binder revealed care plan audits were conducted on 01/04/15 through 01/29/15, for residents identified as an elopement risk with diversional activities added. 29. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed, in regard to the AD HOC meeting, that information regarding the AOC was discussed to try to identify the root cause and what to do to achieve compliance. She stated they will continue to do two (2) drills per month, and two (2) drills quarterly for six (6) months, and if any concerns were identified, they will be addressed at that time. The Administrator stated the PI Committee conducted an AD HOC meeting recently (yesterday) where they discussed current audits with no concerns. The PI Committee will meet ten (10) times annually at least. She also stated, that she and the DON had met with the	F 490			

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<p>F 490</p> <p>F 520 SS=J</p>	<p>Continued From page 80</p> <p>Medical Director last night to review audits and the AOC. The Administrator revealed she completed the audits, and "We are looking at residents who are identified at risk for elopement, and if he/she head to the door, how the staff will divert him/her." No concerns were identified. The PI Committee minutes will also be reviewed by the RVPO or RMCO for the next three months.</p> <p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary, and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p>	<p>F 490</p> <p>F 520</p>	<p>F 520</p> <p>On 01/04/2015 the Administrator and Director of Nursing were re-educated by Regional Vice President of Operations (via telephone) and Regional Manager of Clinical Operations (in person) regarding the CMS Guide for Developing Purpose, Guiding Principles, and Scope for QAPI was reviewed during this education.</p> <p>Post-tests were conducted with Administrator and Director of Nursing Services on 01/04/2015 by the Manager of Clinical Operations with a 100% pass rating to validate learning of the above noted education.</p> <p>Additional support has been provided regarding the CMS Guide for Developing Purpose, Guiding Principles, and Scope for QAPI and will continue to be provided by the Regional Vice President of Operations, Regional Manager of Clinical Operations, and Regional Clinical Educator.</p> <p>Beginning 01/04/2015 PI Committee minutes will be reviewed by the Regional Vice President of Operations or Regional Manager of Clinical Operations for the next three months.</p> <p>Compliance Date: 2/13/15</p>

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F 520	<p>Continued From page 81</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, review of the facility's Allegation of Compliance (AoC) and Plan of Correction (PoC) for the Immediate Jeopardy Abbreviated Survey on 12/11/14, and review of the facility's Quality Assurance (QA) Policy, it was determined the Quality Assessment and Assurance Committee failed to have an effective system to ensure appropriate action plans for quality deficiencies were developed and implemented to prevent reoccurrence related to elopement. This failure affected one (1) of six (6) sampled residents (Resident #1). The facility was cited Immediate Jeopardy related to an incident that occurred on 11/21/14 when a resident exited the building without staff's knowledge. Approximately six (6) weeks later, on 01/04/15 Resident #1 was able to exit the building without staff's knowledge.</p> <p>On 01/04/15 at approximately 6:15 AM-6:30 AM, a door alarm sounded and Registered Nurse (RN) #1 turned off the alarm. The RN failed to follow the AOC and POC. She failed to identify that the alarm sounding was a wanderguard alarm; conduct a head count; and, search outside the door for a resident. At approximately 6:40 AM, Certified Nurse Aide (CNA) #2 identified Resident #1 was not in the facility. Resident #1 exited the facility and was discovered outside on a main road at approximately 6:45 AM.</p> <p>The facility's failure to have an effective QA program to prevent the reoccurrence of quality deficiencies related to elopement has caused or is likely to cause serious injury, harm or impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 01/16/15 and</p>	F 520			

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F 520	<p>Continued From page 82</p> <p>determined to exist on 01/04/15. The facility was notified of the Immediate Jeopardy on 01/16/15. An acceptable Allegation of Compliance (AoC) was received on 01/26/15, and the State Survey Agency validated the Immediate Jeopardy was removed on 01/13/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy/procedure titled, "Center Quality Improvement Process", last revised 04/01/03, revealed the Quality processes were to provide a framework for structuring and implementing data-driven quality improvement and to establish and maintain a quality improvement process that would satisfy internal standards of excellence and regulatory excellence.</p> <p>A door alarm sounded on 01/04/15 at approximately 6:15 AM-6:30 AM, and Registered Nurse (RN) #1 turned off the alarm.</p> <p>Interview on 01/12/15 at 2:56 PM with RN #1 revealed she turned off the door alarm after CNA #1 told her the alarm had sounded due to a resident re-entering the building after going out to smoke. RN #1 failed to identify the alarm was a wanderguard alarm; conduct a head count; and search outside the door for a resident, per the facility's policy, AOC and POC.</p> <p>Review of the facility's AoC and PoC developed after another resident's elopement on the</p>	F 520			

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F 520	<p>Continued From page 83</p> <p>11/21/14 revealed all staff was educated on the Center's policies on elopement prevention and management, the expected employee response to a door alarm, and the different sounds of door alarms. Further review revealed the facility's monitoring included elopement drills conducted on each shift monthly to ensure the education was effective. However, review of the Elopement Drill audit form revealed the drill documentation form addressed identifying if staff took the appropriate actions after the announcement of a Code Yellow on the intercom system but, it did not address how staff should respond to the wanderguard alarm prior to the Code Yellow being called. Further review revealed the Elopement Drills were conducted on each shift monthly (December 2014 and January 2015) but the facility did not identify any concerns. Interviews with CNA #1, CNA #2, CNA #5, LPN #1 and RN #1 revealed they did not follow the facility's policy and they were confused related to the policy. RN #1 stated she could not distinguish the difference between the alarms.</p> <p>Review of the AOC and the POC revealed elopements drills were conducted on 11/21/14, 11/22/14, 11/23/14, 11/24/14, 01/04/15 and 01/10/15. These drills ensured that staff was able to hear the alarm sounding at the door or at the Nurse's Station. However, the drills did not address or ensure that staff could distinguish the different alarm sounds. Interview with RN #1 revealed the alarm sounded different but she did not recognize it as the wanderguard alarm.</p> <p>Interview, on 01/13/15 at 11:35 AM with the Director of Nursing (DON), revealed she felt they had an effective plan in place; however, the problem occurred when the staff did not follow the</p>	F 520			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/30/2015
NAME OF PROVIDER OR SUPPLIER BARKLEY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001		
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F 520	<p>Continued From page 84</p> <p>policy and procedure. She further stated if a wanderguard alarm went off, she expected the staff to follow the protocol.</p> <p>Interview, on 01/13/15 at 2:40 PM and on 01/21/15 at 4:01 PM with the Medical Director, revealed he expected staff to follow the policy and procedures of the facility, and resident safety was number one. The Medical Director stated the facility's Plan of Correction obviously did not stop the elopement and something had broken down in the process but he did not know where the system failed.</p> <p>Interview, on 01/21/15 at 4:15 PM and on 01/30/15 at 6:00 PM with the Administrator, revealed she felt QA was monitoring the effectiveness of the elopement plan through the drills, the audits and communication with staff. The Administrator stated she expected staff to respond to the alarms, ensure the residents were safe, and validate the reason the alarm was sounding. She further stated RN #1 did not see or know what had occurred, did not validate, and did not realize what had happened until after the CNA told her that they could not locate Resident #1 in the facility. The Administrator stated the RN knew what to do, but she had made a mistake by silencing the alarm and not checking it.</p> <p>Further interview with the Administrator revealed staff was provided education, and had to take a post test and pass the test related to the 12/11/14 elopement. Additionally, an elopement drill was added to ensure staff had a complete understanding of the education that was provided. She stated this was completed on each shift, beginning 01/04/15. The Administrator stated the education was more focused on what</p>	F 520		

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F 520	<p>Continued From page 85</p> <p>not to do, such as do not silence the alarm and not walk away without first knowing what was going on in that situation.</p> <p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1. On 01/04/15 between 6:30 AM-6:45 AM, CNA #2 notified RN #1 that Resident #1 was not in the facility. Based on the report, RN #1 began the search for Resident #1 outside the facility while CNA #2 continued the search inside. Resident #1 was found on 01/04/15 at approximately 6:45 AM outside the facility, unsupervised. He/She was assisted back into the facility by RN #1. (Review of the weather history for 01/04/15 at 6:53 AM revealed the temperature was 44.1 degrees Fahrenheit (F) with a wind chill temperature of 37.0 degrees F and no precipitation.) CNA #2 removed Resident #1's shoes and socks, replacing them with non-skid socks, and escorted him/her back to his/her room at approximately 6:50 AM. The resident's clothes were reported to be dry by CNA #2. RN #1 documented the resident's wanderguard sounded upon re-entry to the facility. (Review of a Nursing Note, dated 01/14/15 at 7:15 AM, revealed Resident #1 was wearing a pink jogging suit and his/her shoes were wet and slightly soiled when found outside the facility). 2. Upon return of Resident #1 to his/her room at approximately 6:50 AM, a head to toe assessment was conducted by RN #1 with no injury noted related to the event. RN #1 completed an assessment and vital signs of Resident #1 and documented the findings on the Change of Condition Form, and in the Nursing Notes. 	F 520			

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F 520	Continued From page 86 3. The Administrator and DON were notified on 01/04/15 at approximately 7:01 AM by LPN #8 of Resident #1's elopement. 4. The resident's BIMS score revealed Resident #1 was interviewable with confusion at times Resident #1 was interviewed by RN #1 on 01/04/15 and the resident stated "I'm fine; I was just going for a walk." Review of the Admission Minimum Data Set assessment, dated 12/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of nine (9) which indicated the resident was interviewable (however, the resident was diagnosed with Alzheimer's, Dementia and Psychoses). 5. Upon return to the facility Resident #1 was placed on 1:1 observation at approximately 7:00 AM. The resident will remain on 1:1 supervision until alternative placement could be found or an RN assessed Resident #1 to no longer be at risk for elopement. Resident #1 remained on 1:1 supervision until discharged on 01/26/15 to a secured assisted living facility in another state. 6. A visual census check was conducted by RN #5 on the 300/400 Wing after Resident #1 was back in the facility; and the 100/200 Wing was checked by CNA #3, CNA #19, and CNA #20 validating all residents were in the facility. Upon notification of the elopement, RN and LPN Charge Nurses immediately completed a visual validation to ensure all residents (73 of 74) were present in the facility. 7. The attending physician, was notified in person of the elopement of Resident #1 by RN #1	F 520			

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F 520	<p>Continued From page 87</p> <p>on 01/04/15 at 7:00 AM. The Physician assessed Resident #1 with no new orders noted.</p> <p>8. The responsible party was called twice at 7:00 AM with no answer and two (2) more attempts were made at 8:00 AM with no answer. The responsible party was notified by RN #5 upon entering the building, and by the Administrator at 1:00 PM.</p> <p>9. The RN/MDS Coordinator completed an updated Elopement Evaluation for Resident #1 on 01/04/15. Resident #1's care plan was updated on 01/04/15 by the RN/MDS Coordinator to include an updated elopement evaluation and one to one observation.</p> <p>10. At approximately 7:00 AM on 01/04/15, the Maintenance Supervisor was contacted by the Administrator via phone to come to the facility to participate in the investigation. Upon arrival at approximately 8:00 AM, the Maintenance Supervisor checked all egress doors for function of the alarms and magnetic locks.</p> <p>11. At approximately 7:45 AM, a second interview with Resident #1 was conducted by the Administrator, with Resident #1 stating he/she went outside when the door was opened by an unidentified male who came into the facility with a dog. Resident #1 could not give a description of the male and stated he/she had exited to go to the bank.</p> <p>12. A search of the 300/400 Hall and interviews with residents and staff on the 300/400 Hall conducted by the Social Services Director at approximately 8:00 AM verified that no male visitors and no dogs were identified in the Center</p>	F 520		

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F 520	<p>Continued From page 88 between the hours of 6:00 AM and 8:00 AM.</p> <p>13. Door alarm and magnetic lock function audits were completed on 01/04/15 by the Maintenance Supervisor. All door locking mechanisms and alarms were found to be working properly during the audits. It was validated that with a wander guard present, the door would release in fifteen (15) seconds sounding an emergency exit alarm. When the wander guard passed through the doorway, the alarm sound changed from the emergency exit alarm sound to the wander guard alarm sound.</p> <p>14. The Maintenance Supervisor or Assistant Maintenance Director conducts a weekly tests on the transmitter tester (202) on a wander guard bracelet to validate it is in working order.</p> <p>15. The nine (9) volt battery powering the transmitter tester is changed at least every sixty (60) days by the Maintenance Supervisor or the Assistant Maintenance Director and replaced with a new battery (2 of 2). The manufacturer's "use by" date, printed on the battery, is checked and recorded to ensure the battery is in proper working order at the time the battery is changed.</p> <p>16. Wander guards audits were completed on 01/04/15 every shift by Licensed Nurses (RN/LPN) and documented on the TARs. Thirteen of thirteen (13 of 13) wander guard bracelets were found to be working properly during the audits. The RN/LPNs tested the function of each wander guard transmitter using the transmitter tester and validated the bracelets were functioning, placement on the resident was checked each shift and, documented on the TARs.</p>	F 520		

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F 520	<p>Continued From page 89</p> <p>17. Through the investigative process, it was determined that Resident #1 held the exit door near the beauty shop for fifteen (15) seconds to release the door at an undetermined time and traveled through the door sounding the wander guard alarm.</p> <p>18. It was determined that RN #1 heard the wander guard alarm, but failed to respond by initiating a search. RN #1 turned the alarm off and reset the alarm system, by her own admission. Subsequently RN #1 was put on suspension, and it was determined RN #1 had received education and passed a post-test on 11/25/14, prior to this event, concerning response to any door alarm sounding in the facility and a resident search should be conducted both inside and outside the center.</p> <p>19. Entrance Codes for all exit egress doors (6 of 6) cannot be used to silence the alarms, and are not the same as exit codes. If an alarm should sound upon entrance of a visitor to the facility a staff member must respond to it to silence the alarm; visitors are not provided exit codes, they are only known by staff, and changed at least monthly by maintenance personnel.</p> <p>20. Thirteen of thirteen (13 of 13) residents residing in the facility that were identified as an elopement risks were reviewed by the RN/MDS Coordinator on 01/04/15. The Elopement Risk Evaluations, care plans and care cards were reviewed and updated, with the thirteen (13) residents at risk for elopement utilizing a wander guard bracelet. Fifty-nine (59) of sixty (60) Skill Nursing Facility (SNF) residents not currently identified as at risk for elopements were reviewed</p>	F 520		

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F 520	<p>Continued From page 90</p> <p>by the RN/ MDS Coordinator on 01/04/15. Care plan implementation for residents identified to be at risk for elopement will be initiated upon identification of the risk for elopement as determined by the elopement risk assessment by a licensed practical nurse or registered nurse. These care plans will be reviewed through the morning clinical process.</p> <p>21. On 01/04/15, the Administrator, DON, and ADON from a "sister" facility were re-educated by the Regional Vice President of Operations (RVPO) and Regional Manager of Clinical Operations (RMCO) regarding their job descriptions, the Center's policies on care plans, resident safety, quality assurance and administration requirements and the CMS guide for developing Purpose, Guiding Principles, and Scope for QAPI was reviewed. Post tests were conducted with the Administrator, DON, and ADON on 01/04/15 by RMCO with 100% pass rating to validate learning of material.</p> <p>22. On 01/04/15, re-education was provided to the Nurse Practice Educator (NPE) by the RMCO on the elopement policy and procedure and updating resident care plans for change in behaviors. A post-test was given to validate understanding of the elopement policy and care plan policy by the RMCO with a 100% passing rate.</p> <p>23. The facility's Administrator is responsible for implementation and adherence to the facility's policies and procedures. Facility oversight is provided by the Administrator, DON, ADON, and the Charge Nurses daily. Additional support has been and will be provided by RVPO, RMCO, and the Regional Clinical Educator (RCE).</p>	F 520			

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F 520	Continued From page 91 24. On 01/04/15, re-education was provided to the Therapy Program Manager, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, and Admissions Director by the Administrator and NPE on the facility's elopement policy and procedure, the sound of an emergency exit alarm and the sound of the wander guard alarm and updating resident care plans for change in behaviors; with a post-test given on 01/04/15 by the NPE validating understanding of the content by 100% pass rating. 25. Facility employees and contract employees' re-education was initiated by the NPE and Administrator beginning on 01/04/15. This reeducation was continued by the Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Nutrition Director, Admissions Director or Administrator and was completed on 01/12/15. Ninety-one (91) of one-hundred and twelve (112) active employees and also contract employees scheduled to work completed the re-education and post-testing on 01/04/15. The remaining employees and/or contract employees (21 of 112), who were unavailable on 01/04/15 due to being on leave, out of town, or not scheduled will have or had education/re-education prior to returning or beginning work. They were educated and/or re-educated by the Administrator, NPE, DON, ADON, Dietary Supervisor, or Rehabilitation Program Manager, RN or LPN. Re-education of staff included the facility's policies on elopement prevention and management; the sound of an emergency exit alarm and the sound of the wander guard alarm; the facility policy for updating a resident' care plan for a change in behavior; which includes implementation of the	F 520			

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F 520	<p>Continued From page 92</p> <p>care plan. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training.</p> <p>26. An Ad Hoc PI meeting with the Administrator, DON, ADON, Admissions Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, and Medical Director was held on 01/04/15.</p> <p>27. Beginning on the day shift of 01/04/15, NPE or Licensed Nurses completed an elopement drill on each shift through 11:59 PM to audit training compliance. No concerns with these audits were identified. Charge Nurses (RN and/or LPNs), Department Managers or NPE will complete two (2) elopement drills, utilizing the "Elopement Drill Documentation Form" on each shift monthly for three (3) months (January 2015, February 2015, and March 2015), then two (2) quarterly for six (6) months; with corrective action at point of discovery of identified concerns. Findings will be reviewed by the Performance Improvement Committee (PIC) which meets at least ten (10) times annually. The PIC consists of: Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director and will make recommendations for additional audits based on audit outcomes.</p> <p>28. Beginning 01/04/15 Care Plan audits for diversional activities for those residents identified</p>	F 520			

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F 520	<p>Continued From page 93</p> <p>to be at risk for elopement will be audited by a RN or LPN, NPE, ADON, RN/MDS Coordinator, DON or Administrator. The audits will be completed on five (5) residents daily for fourteen (14) days, then five (5) residents weekly for eight (8) weeks, and then five (5) residents monthly for two (2) months. In addition, Elopement Risk care plans for five (5) residents identified at risk for elopement will be audited by DNS, ADNS, NPE, CRC, MDS Coordinator or Administrator for implementation and accuracy daily across random shifts times fourteen (14) days, then five (5) times per week time 60 days, then no less than three (3) times a week for an additional 30 days beginning 12/09/14, including visual validation that the elopement care plan is being followed. Additional audits will be determined by the monthly QI/PI committee which consists of Administrator, DON, ADON, Admissions Director, Activities Director, SSD, RN MDS Coordinator, Maintenance Supervisor, NPE, Nutritional Services Director and Medical Director. Corrective Action and/or reeducation will be provided at point of discovery.</p> <p>29. Beginning 01/04/15 PIC minutes will be reviewed by the RVPO or RMCO for the next three (3) months.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she was notified of Resident #1 missing from the facility on 01/04/15 at 6:43 AM by CNA #2. RN #1 stated when she was told that Resident #1 was missing she went outside and</p>	F 520			

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F 520	<p>Continued From page 94</p> <p>located the resident. Review of Nursing Notes, dated 01/04/15 at 6:55 AM and 7:15 AM, revealed Resident #1 was found outside the building and brought back into the facility. CNA #2 changed the resident's socks and shoes due to moisture and muddiness and placed slipper socks on the resident. The resident's wander guard was verified for placement and function.</p> <p>2. Review of a Nursing Note, dated 01/04/15 at 6:55 AM, revealed a head to toe assessment was completed by RN #1 with no noted injuries. Review of a Change of Condition form, dated 01/04/15 revealed vital signs were taken and a visual assessment was completed with no notable injuries.</p> <p>3. Interview on 01/30/15 at 12:03 PM with LPN #8 revealed she had informed the Administrator and acting DON of the elopement of Resident #1 on 01/04/15, at approximately 7:00 AM.</p> <p>4. Review of the 12/29/14 Admission Minimum Data Set (MDS) assessment revealed Resident #1 was assessed as having a BIMS score of nine (9), which indicated the resident had moderate impairment and was interviewable. Review of a Nursing Note, dated 01/04/15 at 7:15 AM revealed Resident #1 complained of being cold but said he/she was fine, he/she went for a walk.</p> <p>5. Review of the facility's investigation revealed Resident #1 was placed on 1:1 supervision on 01/04/15. Review of 1:1 documentation revealed the resident was on 1:1 supervision until he/she was discharged on 01/26/15.</p> <p>6. Review of the AOC binder revealed attestation of the visual census verification of residents on all</p>	F 520			

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F 520	<p>Continued From page 95</p> <p>wings by RN # 5, CNA #2, CNA #3, CNA #19, and CNA #20.</p> <p>7. Review of Nursing Notes by RN #1, dated 01/04/15 at 7:15 AM, revealed she notified the physician of the elopement. Interview on 01/13/15 at 2:40 PM with Resident #1's physician, who was also the Medical Director, revealed he was notified of the elopement of Resident #1 and had been at the facility that day and assessed Resident #1 with no noted issues.</p> <p>8. Review of Nursing Notes and the Change of Condition form dated 01/04/15 revealed attempts to notify the resident's family three (3) times at 7:15 AM with a fourth (4th) attempt being made at 8:00 AM. Notification was made to the family member upon arrival to facility.</p> <p>9. Review of Resident #1's Elopement Evaluation and Care Plan revealed the evaluation and care plan were updated on 01/04/15 by the MDS Coordinator.</p> <p>10. Interview on 01/29/15 at 3:34 PM; and, on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed he was called by the Administrator to come in on 01/04/15, at 8:02 AM and left at 4:35 PM, related to the elopement investigation. He checked the functionality of the doors. The Maintenance Supervisor further revealed he thought there was no failure on the part of the doors, alarms or locks. Review of the Maintenance Supervisor's timecard revealed he was present in the facility on 01/04/15 from 8:02 AM until 4:35 PM. Review of the logbook entitled, Total Equipment Lifecycle Systems (TELS), dated 01/04/15 revealed doors, locks, and alarms were checked with a "pass" being documented.</p>	F 520			

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F 520	Continued From page 96 11. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed some of the residents were interviewed about a man coming into the facility with a dog; however, they were unable to verify this information. 12. Interview on 01/30/15 at 6:28 PM with Social Services Director (SSD) revealed she had interviewed residents about a male with a dog, and could not verify it. 13. Interview on 01/29/15 at 3:34 PM with the Maintenance Supervisor revealed he checked the functionality of the doors, and wander guard alarms. He stated the wander guard alarm would still go off at the doors even with the door releasing after being pushed on for fifteen (15) seconds. Interview on 01/29/15 at 5:14 PM with LPN #6 revealed the residents' wanderguards were tested every shift by the nurse with the transmitter and documented on the Treatment Administration Records (TARs). Review of the January TARs for residents at risk for elopement (13 of 13) revealed daily shift audits of the functionality of each resident's wanderguard. Interview on 01/29/15 at 11:31 AM with the Maintenance Helper revealed nurses checked the residents' wander guards with the transmitters. 14. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed a weekly testing of wanderguard transmitter testers was done and would be in the system. The Maintenance Supervisor provided a copy of the weekly testing of the wanderguard transmitter testers (3 of 3) with one being a spare; which revealed weekly checks were documented on 01/12/15, 01/20/15, and 01/26/15.	F 520			

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F 520	Continued From page 97 15. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed the batteries were changed in the wanderguard transmitter tester in September 2014, November 2014, and on 01/19/15; with the expiration date of the batteries placed on the documentation starting in January. Review of the Wanderguard Tester Battery Replacement Form provided by the Maintenance Supervisor revealed the batteries in the wanderguard transmitter tester were changed on 09/22/14, 11/20/14, and 01/19/15; with the start of documentation of battery expiration date beginning on 01/19/15. 16. Interviews on 01/29/15 at 5:14 PM with LPN #6; on 01/09/15 at 2:45 PM with LPN #4; on 01/15/15 at 1:25 PM with RN #8; and, on 01/09/15 at 2:59 PM with RN #6 revealed residents' wanderguards were tested every shift by the nurse with the transmitter and it was documented on the Treatment Administration Records (TARs). Review of TARs for residents at risk for elopement revealed daily shift audits of the functionality of each resident wander guard. 17. Review of the facility's investigation revealed in an interview conducted on 01/05/15 with CNA #21, who was providing 1:1 supervision of Resident #1, she commented to the resident the door was locked; and Resident #1 made a statement about the door sign saying "push" and the door will open in fifteen (15) seconds. Interview on 01/21/15 at 4:15 PM with the Administrator revealed Resident #1 was on 1:1 with CNA #21 when she had tried to open the door and CNA #21 commenting to the resident the door was locked.	F 520			

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F 520	<p>Continued From page 98</p> <p>18. Interview on 01/12/15 at 2:56 PM with RN #1 revealed she had turned off the alarm at the door when CNA #1 asked her to, because it was alarming, and the alarm had sounded different to her. RN #1 further revealed she had signed an elopement paper during orientation on 11/25/14, and she had been terminated after this incident. Review of the post-test for the Elopement Process revealed RN #1 passed the test with a score of 100% on 11/25/14. Interview on 01/18/15 at 1:13 PM with CRM revealed two (2) staff members were suspended with RN #2 being terminated after the incident. Interview on 01/13/15 at 12:40 PM with the acting DON at the time of the incident revealed RN #1 did not follow the facility's policy and had received the training and testing on elopement to include the sounds of alarms.</p> <p>19. Interview on 01/30/15 at 4:42 PM with the Maintenance Supervisor revealed entrance and exit codes were not the same, and if a visitor activated the alarm a staff member would have to silence it. The Maintenance Supervisor stated the exit codes had been changed at least once monthly since November 2014. Review of the Log of Code Changes provided by the Maintenance Supervisor and Administrator revealed exit codes had been changed four (4) times on November 11/21/14, twice (2) on 11/28/14, twice (2) on 11/29/14, twice (2) on 12/26/14, twice (2) on 01/03/15, and once (1) on 01/10/15. Interviews with the CRC on 01/14/15 at 4:05 PM, the SSD on 01/16/15 at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #16 on 01/30/15 at 8:09 AM, CNA #21 at 01/12/15 at 1:01 PM, CNA #22 at 01/29/15 at 12:06 PM</p>	F 520		
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F 520	<p>Continued From page 99</p> <p>revealed when alarms go off staff respond to the alarm. Interviews with LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8:25 AM, CNA #15 at 01/16/15 at 12:55 PM, CNA #16 on 01/30/15 at 8:09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12:06 PM revealed the codes to let visitors out was only provided to staff and no one else was to be given the code.</p> <p>20. Interview on 01/14/15 at 4:05 PM with the RN/MDS Coordinator revealed she had come in on 01/04/15 and reassessed all of the elopement risk residents (13 of 13) after the elopement. Review of the Elopement Care Plan Evaluations revealed (13 of 13) residents were reassessed on 01/04/15. Review of the AOC binder revealed review of residents identified as at risk for elopement by RN MDS Coordinator with a date of 01/04/15.</p> <p>21. Review of the AOC binder revealed education of the Administrator, the acting DON, and a sister facility's DON at the time of the elopement. This education was provided by the RVP and RMCO regarding regulations and requirements for F490 and F520 with Performance Improvement/Quality Improvement (PI/QI) being key to validation of the systems and key to enhancing quality of life for residents and staff at the Center. The education further stated, if/when there was a deviation of the facility's policy or standard of practice identified, it was the responsibility of the PI Committee to conduct a root cause analysis and determine applicable steps based on the analysis. A re-education document was signed by the Administrator and Acting DON on 01/04/15. A Post-test was given to the Administrator on subject matter by the RVP with 100% pass rate</p>	F 520			

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F 520	<p>Continued From page 100</p> <p>on 01/04/15. A post-test was given to the acting DON by RMCO on 01/04/15 with passing score of 100%. Review of the AOC binder revealed Administrative education with the acting DON at time of the elopement, incoming DON, and Administrator as well as their job description and post-test with a passing score.</p> <p>22. Review of the re-education post-test for the Nurse Practice Educator (NPE) entitled, "Resident Safety and Elopement", dated 01/04/15, revealed the RMCO completed the post-test with a passing score of 100%.</p> <p>23. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed the RVPO and RMCO educated the Administrator, Interim Director of Nursing (DON), and "assisting" Director of Nursing. She revealed the RMCO educated the Administrative staff on the post tests, then they educated the Department Heads, who then trained the facility staff related to the material on the post tests. The Administrator further revealed she, the interim DON, and the assisting DON were the only ones who received education specific to Administration and Quality Assurance. The education difference from the first IJ to the second IJ was focused more on what not to do, what the expectations were, and to not silence the alarm and walk away without knowing what was going on in that situation. The Administrator stated this would be a part of the facility's standard orientation.</p> <p>24. Review of the AOC binder revealed re-education to the Therapy Program Manager, RN MDS Coordinator, Payroll Coordinator and Admissions Director on the elopement policy and procedure, the sound of emergency exit alarms,</p>	F 520		
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F 520	Continued From page 101 sound of the wander guard alarm, and updating care plans for change in behaviors with post-test score of 100%. Interview on 01/29/15 at 4:50 PM with the Dietary Supervisor revealed she had been re-educated on: the elopement process; which involved the difference in the sound of the alarms, if staff notice an alarm going off, the staff is to check it, make sure no one has gone out, do a head count to see if residents are in the facility, and if not, search everywhere. A code yellow is called over the intercom and everybody in the facility is involved in the search. The Dietary Manager revealed she had received training on them and was involved in the morning meeting when they were discussed for revision related to any new behaviors residents may exhibit. She stated staff should not turn an alarm off until staff had discovered if a resident was missing and a code yellow has been called. 25. Review of the AOC binder revealed re-education, listing of staff per shift and date of education and passing score. Review included re-education of contract workers, and new staff to include CNAs, housekeeping, and the beautician. Re-education of staff included: facility's policies on elopement prevention and management. The sound of an emergency exit alarm and wanderguard, and the facility's policy for updating a residents' plan of care for a change in behavior. Each employee completed a post-test to validate learning of the education which was conducted prior to the conclusion of the training by the NPE, Therapy Program Manager, ADON, RN/MDS Coordinator, Payroll Coordinator, Admissions Director, Administrator, RN or LPN. Post-test results were 100% pass rate prior to employees being released from training. Interviews with the CRC on 01/14/15 at 4:05 PM , SSD on 01/16/15	F 520			

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F 520	Continued From page 102 at 12:45 PM, LPN #1 on 01/11/15 at 4:59 PM, LPN #3 on 01/15/15 at 1:35 AM, LPN #5 at 01/29/15 at 10:41 AM, LPN #6 at 01/29/15 at 5:14 PM, CNA #11 on 01/13/15 at 8:25 AM, CNA #15 at 01/16/15 at 12:55 PM, CNA #16 on 01/29/15 at 9:40 AM and on 01/30/15 at 8:09 AM, CNA #21 on 01/12/15 at 1:01 PM, and CNA #22 on 01/29/15 at 12:06 PM revealed codes to let visitors out was only provided to staff and no one else was to be given the code when alarms go off. Staff should respond to the alarm. Interviews on 01/29/15 at 10:40 AM with the Receptionist, 4:35 PM with LPN #9, 3:00 PM with CNA #18 and 9:15 AM with Housekeeping Aide #2 revealed the location of the elopement risk binders for verification of residents at risk for elopement, knowledge of differing sound of wander guard alarm and door alarm, staff to respond immediately to alarming door, check the door, step outside and look, notify the nurse, a code yellow page for the resident, a back pack to take outside for the search outside, and the nurse will designate who searches where. Door exit codes are not to be given out and only employees are to have the door code. The Maintenance Supervisor checks the wanderguard against the door and the nurses on the floor check the resident's wanderguard and care plans are resident specific. 26. Review of the AOC binder revealed an Ad Hoc PI meeting was held on 01/04/15 with the Administrator, Acting DON, Payroll/Benefits Designee, Marketing/Admissions Director, CRM, and Maintenance Supervisor in attendance. 27. Review of the AOC binder revealed elopement drills were initiated on 01/04/15 after Resident #1 was found. Review of Inservice Sign	F 520			

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F 520	Continued From page 103 in Sheets for Elopement Drill revealed elopement drills were done every shift for 01/04/15 and continued on each shift through 01/29/15 with no concerns identified. 28. Review of the AOC binder revealed care plan audits were conducted on 01/04/15 through 01/29/15, for residents identified as an elopement risk with diversional activities added. 29. Interview with the Administrator, on 01/30/15 at 5:15 PM, revealed, in regard to the AD HOC meeting, that information regarding the AOC was discussed to try to identify the root cause and what to do to achieve compliance. She stated they will continue to do two (2) drills per month, and two (2) drills quarterly for six (6) months, and if any concerns were identified, they will be addressed at that time. The Administrator stated the PI Committee conducted an AD HOC meeting recently (yesterday) where they discussed current audits with no concerns. The PI Committee will meet ten (10) times annually at least. She also stated, that she and the DON had met with the Medical Director last night to review audits and the AOC. The Administrator revealed she completed the audits, and "We are looking at residents who are identified at risk for elopement, and if he/she head to the door, how the staff will divert him/her." No concerns were identified. The PI Committee minutes will also be reviewed by the RVPO or RMCO for the next three months.	F 520			