NORFOLK VETERANS HOME
Complaint Investigation Response
Investigation: January 29, 2009

DEFICIENCY	PLAN OF CORRECTION	DATE	COMMENT
I. The facility failed to provide/maintain a safe environment when resides are identified as a risk to elope. Title 175 – Chapter 12-006.09D7 An onsite inspection was conducted to determine whether the above-named facility was in violation of skilled nursing facility licensure regulations that pertain to the above-stated allegation. The results of this inspection indicate that the facility was found to have committed the following violations: 1. Observations were made, records were reviewed and interviews were conducted with facility staff. The facility utilized an alarm system to provide a safe environment for residents who were at risk to elope. The facility had policies and procedures in place to monitor the functioning of the alarm system. However, review of Resident 1's record revealed facility staff did not follow policies and procedures related to monitoring of the alarm system and the resident subsequently eloped from the facility. In addition, the alarm system was not functioning upon entrance to the facility on 1/29/09. It was determined the facility was in violation of regulations found at Title 174 12-006.09D7 Based on observations, record reviews and staff interviews; the facility failed to provide a safe environment for 2 of 3 residents (Residents 1 and 3) who had been identified as being at risk for elopement (leaving the facility unsupervised and without the knowledge of staff). The facility has a history of elopements as complaints were investigated, substantiated, and deficiencies were cited regarding failure to protect residents from elopement on 8/21/06, 12/11/07 and 1/9/08.	**I.** Members 1 and 3 have expired. Norfolk Veterans Home staff was retrained and competencies completed on elopement policy and procedure and the monitoring of Roam Alert system on 2/26/09. Elopement policy and procedure with competencies on Roam Alert is completed with new employee orientation by Staff Development. Professional licensed nurses were re-educated on elopement assessment and timeliness of assessments completion on 3/13/09. Elopement assessment begins with identification of at risk for elopement during the pre-admission process. At time of admission the elopement assessment is completed within 24 hours. A reassessment is completed quarterly with the MDS schedule and at time of change of condition. This will be monitored by QA/designee. All Staff Mandatory meetings were held by administrator on 2/19/09 that further discussed the seriousness of elopements and staffs accountability for member safety, monitoring with documentation the following: every shift door checks, bracelet. The "green mile" has card access. This door will be locked 24 hours, 7 days per week effective 3/2/09 enabling NVH staff to enter the building. All contractors will sign in/out via a log in the Maintenance Department. The contractors will be issued a visitors' badge while in the facility. This is monitored by Maintenance	2/26/09 3/13/09 2/19/09 3/2/09	

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Furthermore, an investigation related to elopements was completed and substantiated on 2/27/08; however, no deficiencies were cited at the time. Total sample size was 3 and facility census was 139.	Supervisor/designee. Per letter and one on one by administrator, families of SNU have been notified about the security system and only allowing NVH staff to code the member out of G unit for monitored, supervised activities. The code to enter/exit Unit G was changed on 2/7/09. All visitors seeking entrance to this unit will ring a door bell that alarms through to the portable phone that nursing staff carry. Nursing staff escorts the visitors into the unit. The toggle switch compartment has been closed off to further limit access to the toggle switches that control the alarms on the outside doors. There will be only 2 keys issued to this compartment to further limit access. This is monitored by the Maintenance Supervisor/designee. We have revised and educated staff regarding the use of sign out/sign in sheets for members on elopement risk leaving their units or facility grounds. These forms were educated and implemented 2/18/09. This is monitored by QA/designee. The 10 members in the secured unit will be moved to the new 30 bed secured unit E. The 16 other members identified as elopement risks in the general population either reside in or will be transferred to Unit E by July 17th 2009. Evaluations and implementation of the security system and additional unit door will be completed prior to the opening of the 30 bed unit.	2/7/09 2/18/09 7/17/09	

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	Elopement drills will take place every 2 weeks times 6 weeks then monthly. Overhead paging system will be installed by 4/30/09. This will be utilized for drills and emergencies. The results of the elopement drills will be analyzed by QA coordinator. Any concerns will be addressed and staff re-educated. This is monitored by the DON/designee.	4/30/09	
	Weekly meeting of risk committee will review all members identified as at risk for elopement for any changes in interventions needed. This committee will also review the results of the elopement drill and make recommendations if needed. QA will monitor to assure compliance.		
	New portable phones and pagers that tie into the nurse call system have been ordered through the IS&T department. IS&T will complete this by 3/13/09.	3/13/09	
	Staff was educated on 2/19/09 regarding the need to wear the portable phone and pagers during each tour of duty. QA/designee will monitor to assure compliance.	2/19/09	
	Automatic locks for all interior dining room doors have been purchased and will be installed by maintenance after arrival, the week of 3/16/09.	3/20/09	
	Unit dining room exterior doors have been evaluated by state fire marshal along with state engineer and those selected doors will have card readers installed by 6/15/09.	6/15/09	

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	Members wearing roam alert bracelets will continue to have their roam alert bracelets checked each shift by nursing staff to ensure that they are functioning adequately. This documentation will be noted on the member's TAR. After July 17th, the members identified as an elopement risk will reside in Unit E (unless the member is transferred to special care on Unit F, a bracelet will be placed on the member). The members on Unit E will no longer wear bracelets. Nursing staff/designee will check all fire exit doors, exterior doors tied into the roam alert system and dining room doors each shift to ensure the doors are locked and the roam alert alarms are functioning. This documentation is compiled every shift on a log sheet and is completed by the acting House Supervisor/designee during each tour of duty. Audits will be conducted daily for 2 weeks then monthly for 6 months. Audits will consist of review of documentation of monitoring of Roam alert system, bracelets, exit doors and computer functioning every shift, use of phone and pagers, green mile lock down, timely elopement assessments, signing members in and out of the units. Results of audits will be taken to the QA for review and revision. Person responsible for ensuring the correction will be completed is the Facility Administrator or designee. Completion date: July 17, 2009	7/17/09 On-going	*Suggest placing on QA Calendar*

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II. The Department has also determined that License #NH001 will be placed on probation for a period of 180 days beginning March 4, 2009. A. During this probationary time period, the facility may continue to operate under the following terms and conditions: 1. The facility must submit a Plan of Correction that delineates how the violation at 175 NAC 12-006.09D7 Accidents will be corrected including the timeframe within which the violation is corrected and the person responsible for ensuring the corrections will be completed. The facility must immediately establish and implement a process to 1) monitor and control entrances and exits from the facility, 2) enable staff to know at all times who is in the facility, and 3) guard against and preclude the occurrence of elopement by residents identified at risk. The process must include: **a. Identify what specifically will be done to monitor and control entrances and exits from the facility and enable staff to know at all times who is in the facility.**	**1. Monitor and control entrances and exits from the facility,** **2. Enable staff to know at all times who is in the facility, and** **3. Guard against and preclude the occurrence of elopement by residents identified at risk.** See pages 1-4 **a. Identify what specifically will be done to monitor and control entrances and exits from the facility and enable staff to know at all times who is in the facility:** a. NVH staff will be able to access the facility upon utilization of their facility identification badges that are bar coded. Card access readers will allow NVH staff to monitor who is in the facility, what time they entered the building and what door they entered the building.		

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	Nursing staff/designee will check all fire exit doors, exterior doors tied into the roam alert system and dining room doors each shift to ensure the doors are locked and the roam alert alarms are functioning. This documentation is compiled every shift on a log sheet and is completed by the acting House Supervisor/designee during each tour of duty. After 7/17/09, the above checks will be changed to every day. QA/designee will monitor this for compliance.		
	The computer controlling the nurse call system is monitored by IS&T and nursing staff each day with a signature on a log sheet to ensure the nurse call system that allows the alarms to come through on the portable phone and pager system is up and running properly. QA/designee will monitor this for compliance.		
	Automatic locks for all interior dining room doors have been purchased and will be installed after arrival, the week of 3/16/09.	3/20/09	
	Members wearing roam alert bracelets will continue to have their roam alert bracelets checked each shift by nursing staff to ensure that they are functioning adequately. This documentation will be noted on the member's TAR. After July 17th, the members identified as an elopement risk will reside in Unit E (unless the member is transferred to special care on Unit F, a bracelet will be placed on the member). The members on Unit E will no longer wear bracelets. QA/designee will monitor this for compliance.	7/17/09	

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	Members deemed to be at risk for eloping will continue to be monitored every 30 minutes by staff assigned to the unit. These 30 minute safety checks will be documented on each member daily on each shift by nursing personnel. QA/designee will monitor this for compliance. All visitors/ volunteers/consultants will be directed to the front door of the facility. They will be directed to the receptionist during the hours of 0600 to 2200. The receptionist will direct the visitor to sign a visitor log book and the visitor will be issued a "visitor badge" so staff are aware that they are visitors. Upon the visitor's leaving the building, they will be asked again to sign themselves out of the building in the log book and their visitor's badge will be returned to the receptionist. During the hours of 2200 to 0600, visitors will ring the door bell located at the front door. This door bell will ring through to the portable phone carried by the charge nurse on Unit F. The charge nurse on Unit F will monitor who is at the front door via the camera system located on Unit F. Nursing staff then will go to the front door to code the person into the facility. The "green mile" has card access. This door will be locked 24 hours, 7 days per week effective 3/2/09 enabling NVH staff to enter the building. All contractors will sign in/out via a log in the Maintenance Department. The contractors will be issued a visitors' badge while in the facility. This is monitored by Maintenance Supervisor/designee.	3/2/09	

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b. Identify how residents will be routinely assessed for the risk of elopement,	**b. Identify how residents will be routinely assessed for the risk of elopement** All members are evaluated for elopement risk during the pre-admission assessment. At time of admission, an elopement assessment is completed. If at risk, a roam alert bracelet is applied and the member is appropriately placed in facility. After July 17th, the member will be placed in Unit E and without a bracelet (unless the member is transferred to special care on Unit F, a bracelet will be placed on the member). Upon change of condition and quarterly the member will be assessed for continued need for elopement risk and a secured unit.	7/17/09	
c. Identify how the facility will analyze the assessment information to identify causative factors and develop appropriate interventions,	**c. Identify how the facility will analyze the assessment information to identify causative factors and develop appropriate interventions.** The assessment will be discussed with the comprehensive care plan team and the family to develop interventions that are individualized and pertinent to the member.		
d. How the facility will identify the interventions on the resident's care plan and communicate them to the staff,	**d. How the facility will identify the interventions on the resident's care plan and communicate them to the staff.** The interventions for prevention of elopement will be placed on the care plan under elopement. The interventions will be on the staff communication sheets and any changes presented by the charge nurse during change of shift. Each member assessed at risk of elopement will have an "elopement care plan/interventions" placed with the TAR so staff taking care of the member can view these interventions each time they care for the member.		

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e. Develop a staff training program on identification of and interventions to address potential elopement risks, and	**e. Develop a staff training program on identification of and interventions to address potential elopement risks, and** Facility partnered with Alzheimer Association for training 101 on line. The facility will educate all staff quarterly and all new staff will have elopement education during orientation. This education will consist of reviewing the elopement policy and procedure; Roam Alert education; the post test regarding the Roam Alert/elopement policy and procedure; and locking of locked doors.		
f. Identify the individual responsible for ensuring the process is implemented and continues to operate effectively. A written description of this process must be submitted to the Department for approval by March 14, 2009. The facility must submit a report regarding elopement from the facility with the first report due March 14, 2009 and every other week thereafter for the first 6 months (six) months of the Probation Period.	**f. Identify the individual responsible for ensuring the process is implemented and continues to operate effectively.** NVH has hired Cindy Prusa Kardell, RN to serve as an outside consultant. The process will: 1) Identify what specifically will be done to monitor and control entrances and exits from the facility and enable staff to know at all times who is in the facility, 2) Identify how members will be routinely assessed for the risk of elopement, 3) Identify how the facility will analyze the assessment information to identify causative factors and develop appropriate interventions, 4) How the facility will identify the interventions of the member's care plan and communicate them to the staff, 5) Develop a staff training program on identification of and interventions to address potential elopement risks, and	3/5/09	

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	6) Identity the individual responsible for ensuring the process is implemented and continues to operate effectively. Ms Prusa Kardell started in the role of the consultant on March 5, 2009. The administrator or designee will ensure the process is operating effectively.	7/17/09	