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F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI), MS #22414, at the facility from 8/21/23 through 8/24/23 related to an elopement. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The facility failed to provide supervision to prevent Resident #1, a cognitively impaired, vulnerable resident from leaving the facility without supervision. The facility failed to provide supervision to prevent the elopement of Resident #1, when Resident #1 obtained the unsecured wireless transmitter from the unmanned reception desk at the facility's front door at approximately 11:00 AM on 8/13/23 and use the transmitter to unlock the front door and exit the facility. The facility staff were unaware of Resident #1's absence until approximately 11:19 AM, when a member of staff returning from lunch observed the resident standing at a busy intersection approximately 540 feet from the facility. Resident #1 was transported back to the facility, where he was assessed by an Registered Nurse (RN), with no noted injuries or complaints of pain or discomfort. Resident #1 had been off the facility grounds and unsupervised for approximately 19 minutes. During the investigation of the complaint, the SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 8/13/23 and existed at: 42 CRF(S): 483.25 (d)(1)(2)- Free of Accidents Hazards/Supervision/Devices (F689) - Scope and Severity "J."	F 000	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/06/2023

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F 000	Continued From page 1 This situation placed Resident #1 and other residents at risk for wandering and elopement, at risk for the likelihood of serious injury, harm, impairment, or death. The SA notified the facility's Administrator of the IJ and SQC on 8/23/23 at 9:30 AM and provided the Administrator with the IJ template. Based on the facility's implementation of corrective actions on 8/13/23 through 8/14/23, the SA determined the IJ and SCQ to be Past Non-Compliance (PNC) and the IJ was removed on 8/15/23, prior to the SA's entrance on 8/21/23. At the time of survey, the facility was licensed for 81 beds and had a census of 69 residents.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, facility policy review, and facility investigation review, the facility failed to provide adequate supervision to prevent Resident #1, who had severe cognitive impairment, from exiting the facility unnoticed and unsupervised for one (1) of four (4) residents reviewed. Resident #1	F 689	Past noncompliance: no plan of correction required.	

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Resident #1 was able to obtain the unsecured wireless transmitter from the unmanned reception desk at the facility's front door at approximately 11:00 AM on 8/13/23 and use the transmitter to unlock the front door and exit the facility. The facility staff were unaware of Resident #1's absence until approximately 11:19 AM, when a member of staff returning from lunch observed the resident standing at a busy intersection approximately 540 feet from the facility. Resident #1 had been off the facility grounds and unsupervised for approximately 19 minutes.

The facility's failure to provide supervision and ensure the front door wireless transmitter was secured properly, put Resident #1 and all other residents at risk for wandering and elopement, at risk for the likelihood of serious injury, serious harm, serious impairment, or death.

The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC), which began on 8/13/23. The State Agency (SA) notified the Administrator of the IJ on 8/23/23 at 9:30 AM and provided an IJ Template.

Based on the facility's implementation of corrective actions on 8/13/23, the SA determined the IJ and SQC to be Past Non-Compliance (PNC) and the IJ was removed on 8/15/23, prior to the SA's entrance on 8/21/23.

Findings include:

Review of the facility policy, "Wandering, Unsafe Resident," revised August 2014, revealed, "The facility will strive to prevent unsafe wandering while maintaining the least restrictive environment

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for residents who are at risk for elopement ..."

Review of the facility policy, "Elopements," revised December 2007, revealed, "Staff shall investigate and report all cases of missing residents ..."

Review of the "Facility Investigation," completed by the Administrator, revealed on 8/13/2023, Resident #1 was seen by Certified Nurse Aide (CNA) #1 walking away from the facility on a nearby street. The CNA telephoned the facility and reported that she was returning to the facility with Resident #1. Upon return to the facility, the resident was assessed, and no signs of injury were observed. Resident #1 revealed that he was going to his grandparents' house. When the resident emptied his pockets, the facility's front door wireless transmitter fell out. The resident stated that he had taken the transmitter from behind the receptionist desk. Reportedly at that time, the resident was last seen at the facility by his aide at 11:15 AM and returned to the facility at approximately 11:30 AM.

On 8/21/23 at 1:35 PM, an interview with CNA #1 revealed that she observed Resident #1 walking down the street at approximately 11:19 AM on her way back to the facility from lunch. She stated she telephoned the facility and notified them that she was assisting the resident to return to the facility. CNA #1 explained that she did not note any signs of distress or injury of Resident #1. She stated that when she and Resident #1 arrived at the facility, the resident removed the wireless transmitter from his pants pocket.

On 8/22/23 at 1:42 PM, in an interview with Registered Nurse (RN) #1, she confirmed that on

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8/13/23, she was notified by "a CNA" (she could not recall which) that CNA #1 had observed Resident #1 walking on the side of the street and was returning with the resident to the facility. She stated that she notified the Director of Nures (DON), the Administrator, the Resident's Representative (RR), and the resident's Physician. She confirmed that a "Code Pink" for 'Missing Resident/Elopement' had been activated and the staff used a printed census to confirm that no other resident was missing from the facility. She confirmed that all other residents were present in the facility. RN #1 revealed that as soon as CNA #1 had assisted Resident #1 to his room, she had conducted a head-to-toe body audit and found no signs or symptoms of injury, dehydration, or excessive heat. The nurse also revealed that the resident's vital signs were all within normal limits. RN #1 reported that it was determined that the last time staff observed Resident #1 prior to the elopement, was in his room at 11:00 AM, when Licensed Practical Nurse (LPN) #1 measured the resident's blood glucose. She confirmed that CNA #1 telephoned at 11:19 AM to report that she had observed the resident on a nearby street and was assisting him back to the facility. She stated that she believed CNA #1 and Resident #1 arrived at the facility at approximately 11:20 AM. The nurse noted that she observed Resident #1 remove the front door transmitter from his pocket upon return to his room. Upon notification of Resident #1's primary physician of the elopement, RN #1 stated the physician had issued new orders for increased supervision, application of a wander monitoring bracelet with monitoring. RN #1 confirmed that the facility initiated a mandatory in-service training on elopements and missing residents for all staff on 8/13/23. The nurse stated that following the

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incident, Resident #1 had not exhibited any further exit seeking behavior and had worn the wander monitoring bracelet, which was monitored routinely by nursing staff with documentation in the EMAR (Electronic Medication Administration Record).

Record review of the "Facesheet" for Resident #1 revealed the resident was admitted by the facility on 12/27/22 and had diagnoses that included Cerebral Infarction (Stroke), Type 2 Diabetes Mellitus and Chronic systolic (congestive) heart failure.

Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) 6/16/23, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated severe cognitive impairment.

Record review of the "Elopement Risk Evaluation" dated 6/16/23 for Resident #1 (the most recent prior to his elopement) revealed he had a total score of "7" (seven), which indicated "LOW risk" for elopement.

Record review of the Physician Orders for Resident #1 revealed the following orders: 8/13/2023 at 12:47 PM- Wander guard bracelet in place to left leg, check to ensure that monitor is in place every shift ...8/13/2023 at 12:49 PM- Check to ensure that Wander guard to left leg is working properly- 8/14/23 at 9:35 AM- Obtain U/A (urinalysis) with culture and sensitivity related to altered mental status ...8/14/23 at 5:33 PM- Monitor Hourly to ensure that Resident is in the facility at all times... antibiotic therapy order dated 8/16/23...".

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Record review of the Brief Interview for Mental Status (BIMS) dated 8/14/23 for Resident #1, signed by the Social Worker revealed the Social Worker conducted an interview with the resident on 8/14/23, at which time the BIMS score was 07, which indicated severe cognitive impairment.

Record review of the "Elopement Risk Evaluation" for Resident #1 dated 8/13/23, signed by the DON confirmed that the DON performed an evaluation for elopement risk for the resident following the incident. The Evaluation rating indicated that Resident #1 was at "LOW" risk for elopement.

Record review of the weather history according to "Wunderground in conjunction/cooperation with The Weather Company and The Weather Channel" at "Wunderground.com," revealed the weather history for 8/13/23 in the local area of the facility was a heat advisory with a temperature at 11:00 AM of ninety-five (95) degrees Fahrenheit with zero (0) precipitation and wind speed zero to five miles per hour (0-5 MPH).

On 8/24/23 at 2:15 PM, an interview with the Administrator she confirmed that there were some discrepancies between times on the Facility Investigation. She stated that based on review of the interviews with the staff working on 8/13/23, she was able to confirm that the last definite interaction between Resident #1 and staff prior to his elopement was at 11:00 AM, when LPN #1 measured his blood glucose in his room. She confirmed that the resident was observed and assisted to return to the facility at 11:19 AM and therefore, the resident was unsupervised for approximately nineteen (19) minutes. She confirmed that Resident #1 had obtained the

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transmitter which controlled the locking mechanism on the front door and the resident used it to unlock the front door, exit and leave the facility premises. She confirmed that she attended an emergency Quality Assurance Performance Improvement (QAPI) committee meeting on 8/14/23 at 7:00 AM along with the Medical Director and the Assistant Director of Nursing (ADON/Infection Preventionist) during which the incident was reviewed, and a systemic change was adopted to prevent the transmitter from being accessible to the residents. She stated that mandatory in-service training was provided for all staff which included the systemic change in procedure to ensure that the transmitter was always secured by staff. The Administrator also confirmed that she and the Maintenance Supervisor had observed all exit doors on 8/14/23 and that the doors and locking mechanisms were functioning correctly.

Corrective Action Plan provided by the Facility:

1. On 08/13/2023, Certified Nursing Assistant (CNA) #1 observed Resident #1 walking on the side of the street at approximately 11:19 AM. CNA #1 assisted Resident #1 back to the facility.

2. On 08/13/2023, CNA #1 notified CNA #2 at the facility that Resident #1 was off campus and being assisted back to campus at approximately 11:19 AM.

3. On 08/13/2023, CNA #2 initiated a Code Pink, the emergency code for a missing resident at approximately 11:20 AM. The facility conducted a headcount with all residents accounted for except for Resident #1.

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4. On 08/13/2023, RN #1 contacted Director of Nursing (DON) at 11:30 AM of Elopement.

5. On 08/13/2023, Director of Nursing notified Administrator at 11:35 AM of Elopement.

6. Registered Nurse (RN) #1 assisted resident to his room and conducted a head-to-toe assessment with no noted injuries at approximately 11:35 AM. Vital signs were within normal limits.

7. On 08/13/2023, RN #1 contacted Resident #1 Primary Care Physician at 11:40 AM. RN #1 received orders for wander monitoring bracelet, monitoring, observations, and urinalysis. Urinalysis results showed Resident #1 had Urinary Tract Infection on 08/16/23 with new orders for antibiotic.

8. RN #1 applied wander monitoring bracelet to Resident #1 left ankle on 08/13/23 at 11:40 AM.

9. On 08/13/2023, Director of Nursing notified Medical Director at 11:45 AM of Elopement.

10. On 08/13/2023, Administrator notified local Police Department at 11:50 AM of Elopement.

11. On 08/13/23 facility nursing staff conducted visual observation monitoring of Resident #1 every fifteen (15) minutes from 11:50 AM through 2:20 PM, every thirty (30) minutes from 2:35 PM through 10:45 PM, and then hourly (continues).

12. On 08/13/2023, RN #1 notified Resident Representative at 12:30 PM of Elopement.

13. On 08/13/2023, The Director of Nursing and

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Administrator reviewed the facility's policy on Elopement and Wandering at 12:30 PM. No policy changes were implemented.

14. On 08/13/2023, Director of Nursing notified State Agency at 12:37 PM.

15. Elopement Risk Evaluation was completed on 08/13/2023 at 12:37 PM by DON.

16. On 08/13/2023, at 12:41 PM, RN #1 conducted Pain assessment for Resident #1 with no complaints of pain.

17. Photo of Resident, Care Plan, Elopement Risk Evaluation and Face Sheet were added to the Elopement Book per Activity Director and Social Worker on 08/13/23 at 12:45 PM.

18. CNA #2 checked all exit doors to ensure they were working properly on 08/13/2023 at 12:50 PM. All doors were working properly with no issues noted.

19. A Mandatory Staff In-service was conducted on Facility's policy of Elopement, Wandering, securement of wireless door transmitter, and updated elopement books by the Assistant Director of Nursing on 08/13/2023 at 1:00 PM and completed on 08/14/23 at 5:45PM. No facility staff was allowed to work until they were educated on Facility's Policy of Elopement, Wandering, Securement of wireless door transmitter, and updated elopement books.

20. On 08/13/2023, Administrator notified Ombudsman at 1:30 PM.

21. Elopement Risk Evaluations for all residents

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were completed by the DON on 08/13/2023 at 2:00 PM. Two additional residents were identified and added to the Facility's Elopement Books.

22. All exit doors were checked to ensure they are working properly by the Maintenance Director and Administrator on 08/14/2023 at 6:30 AM. No issues with the exit doors were noted.

23. An Emergency Quality and Assurance Performance Improvement (QAPI) Meeting was called on 08/14/23 at 7:00 AM to discuss Resident's #1 Elopement from the facility. Those in attendance were the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing/Infection Preventionist, Unit Manager, Dietary Manager, Maintenance Director, Social Services Director, Minimum Data Nurse, Wound Care Nurse, Care Plan Nurse, and Lead Certified Nursing Assistant. QAPI reviewed facility's policy on Elopement and Wandering on August 13, 2023. No changes were made to the policy. The QAPI Committee instituted systemic change for securement of the wireless door transmitter. The wireless door transmitter will be kept in possession of facility staff at all times and/or locked in cabinet at receptionist desk.

24. On 08/14/23 at 8:43 AM, the Social Worker submitted a referral to an in facility contracted psychiatric services for talk therapy for Resident #1.

25. On 08/14/2023 at 9:05 AM, the Social Worker conducted an interview with Resident #1 which included a Brief Interview for Mental Status (BIMS). Resident #1 BIMS score is a 7. Social Worker provided reassurance of safety and psychosocial support for Resident #1.

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26. Emergency Care Plan Conference with Interdisciplinary Team and Resident Representative was conducted by the Social Worker on 08/14/2023 at 9:27 AM. Care Plan reviewed for "At Risk for Elopement by leaving facility unattended with interventions of place wander monitoring device on Resident #1, notify Primary Care Physician and Responsible Party of any further attempts to elope, increase group activities as resident desires, and staff to check doors to ensure they are working properly.

27. On 08/14/23, at 10:30 AM, the Director of Nursing and Care Plan Nurse reviewed and updated the Care plan for Resident #1.

28. The Codes for all exit doors was changed by the facility's contracted security provider on 08/14/2023 at 11:30 AM.

29. An Elopement Drill was conducted by the Administrator on 08/14/2023 at 12:00 PM with two more elopement drills scheduled monthly for the next two months.

30. A Medication Review for Resident #1 was completed on 08/14/2023 at 12:19 PM by the Primary Care Physician with no changes noted.

31. On 8/14/2023 at 1:15 PM, Attorney General Office was notified by Administrator.

Haven Hall Healthcare Center alleged that on 08/15/2023, the Immediate Jeopardy regarding Resident #1 was removed.

The SA's Validation of the Facility's Corrective Action Plan:

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F 689	Continued From page 12 1. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM, record review of the Facility Investigation, and an interview with CNA #2 on 8/22/23 at 2:00 PM, that on 8/13/23 RN #1 received a telephone call at 11:19 AM from CNA #1 in which CNA #1 reported that she was assisted Resident #1 back to the facility after observation of the resident "walking down the side of the street". 2. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM, record review of the Facility Investigation, and an interview with CNA #2 on 8/22/23 at 2:00 PM, On 08/13/2023, CNA #1 notified CNA #2 at the facility that Resident #1 was off campus and was assisted back to campus at approximately 11:19 AM. 3. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM, record review of the Facility Investigation that on 08/13/2023, CNA #2 initiated a Code Pink, the emergency code for a missing resident at approximately 11:20 AM. The facility conducted a headcount with all residents accounted for except for Resident #1. 4. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM, record review of the Facility Investigation, and an interview with the DON on 8/22/23 at 2:45 PM, that on 08/13/2023, RN #1 contacted the DON of the Elopement at 11:30 AM of Elopement. 5. SA validated through an interview with the DON on 8/24/23 at 2:15 PM and an interview with the Administrator On 8/24/23 at 2:15 PM that the DON notified the Administrator of the elopement on 8/13/23 at 11:35 AM.	F 689		

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6. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM, and record review of the Facility Investigation that Registered Nurse (RN) #1 assisted resident to his room and conducted a head-to-toe assessment with no noted injuries at approximately 11:35 AM including vital signs measured within normal limits.

7. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM, an interview with the Primary Physician for Resident #1 on 8/22/23 at 11:00 AM, and record review of the Physician Orders for August 2023 on 08/13/23 that RN #1 contacted Resident #1 Primary Care Physician at 11:40 AM and received orders for wander monitoring bracelet, monitoring, observations, and urinalysis, with new orders for antibiotic received upon receipt of the urinalysis results.

8. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM and observation of Resident #1 that RN #1 applied wander monitoring bracelet to Resident #1 left ankle on 08/13/23 at 11:40 AM.

9. SA validated through an interview with the DON on 8/24/23 at 2:15 PM and an interview with the Primary Physician for Resident #1 on 8/22/23 at 11:00 AM that on 08/13/2023, Director of Nursing notified Medical Director at 11:45 AM of elopement.

10. SA validated through an interview with the Administrator on 8/24/23 at 2:45 PM 08/13/23 that the Administrator notified local Police Department at 11:50 AM of elopement per facility policy.

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11. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM and SA verified through record review of the "Every 15 Minute Round Paper" dated 8/13/23 documentation of facility nursing staff direct visual observations of Resident #1 every fifteen (15) minutes from 11:50 AM through 2:20 PM on 8/13/23. SA verified through record review of the "Every 30 Minute Round Paper" dated 8/13/23 documentation of facility nursing staff direct visual observations of Resident #1 every thirty (30) minutes from 2:35 PM through 10:45 PM on 8/13/23. SA verified through record review of the Electronic Medication Administration Record (EMAR) for Resident #1 for July 2023 documentation of hourly visual observation monitoring by nurses for Resident #1 beginning 8/13/23 and was ongoing at the time of survey. that on 08/13/23 facility nursing staff conducted visual observation monitoring of Resident #1 every fifteen (15) minutes from 11:50 AM through 2:20 PM, every thirty (30) minutes from 2:35 PM through 10:45 PM, and then hourly (continues).

12. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM and an interview with the DON on 8/24/23 at 2:15 PM, and a telephone interview on 8/23/23 at 11:03 AM with the Resident Representative (RR) for Resident #1 that on 08/13/2023, RN #1 notified the RR at 12:30 PM of the elopement.

13. SA validated through an interview with the DON on 8/24/23 at 2:15 PM and an interview with the Administrator on 8/24/23 at 2:15 PM that the DON and the Administrator reviewed the facility's policy on Elopement and Wandering at 12:30 PM, with no policy changes implemented.

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14. SA validated through an interview with the DON on 8/24/23 at 2:15 PM that on 08/13/2023, the DON notified State Agency at 12:37 PM.

15. SA validated through an interview with the DON on 8/24/23 at 2:15 PM and record review of the "Elopement Risk Evaluation" dated 8/13/23 that an Elopement Risk Evaluation was completed on 08/13/2023 at 12:37 PM by DON and the resident scored "7" (seven), which indicated "LOW" risk for elopement.

16. SA validated through an interview with RN #1 on 8/22/23 at 1:42 PM that on 08/13/2023, at 12:41 PM, RN #1 conducted Pain assessment for Resident #1 with no complaints of pain noted.

17. SA validated through an interview with the Social Worker on 8/24/23 at 10:10 AM and record review that all three (3) copies of the "Elopement Book" that the "Elopement Book's located at the reception desk and both nurses' station on 8/14/23 at 12:45 PM had been updated.

18. SA validated through an interview with CNA #2 on 8/22/23 at 2:00 PM that CNA #2 checked all exit doors to ensure they were working properly on 08/13/2023 at 12:50 PM. All doors were working properly with no issues noted.

19. SA validated through record review of "In-service Sign In" sheets dated 8/13/23 through 8/14/23 and an interview with the ADON/Infection Preventionist on 08/22/23 at 4:30 PM that she had conducted mandatory in-service on Facility's policy of Elopement, Wandering, securement of wireless door transmitter, and updated elopement books by the ADON on 08/13/2023 at 1:00 PM and completed on 08/14/23 at 5:45PM. The

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ADON confirmed that no facility staff was allowed to work until they were educated on Facility's Policy of Elopement, Wandering, Securement of wireless door transmitter, and updated elopement books. SA further validated this through an interview with CNA #2 on 8/22/23 at 2:00 PM, and RN #1 on 8/22/23 at 1:42 PM.

20. SA validated through an interview with the Administrator on 8/24/23 at 2:15 PM and through a telephone interview with the Ombudsman on 8/23/23 at 11:15 AM, that the Administrator notified Ombudsman about the elopement on 8/13/23 at 1:30 PM.

21. SA validated through an interview with the DON on 8/24/23 at 2:15 PM that Elopement Risk Evaluations for all residents were completed by the DON on 08/13/2023 at 2:00 PM. Two (2) additional residents were identified and added to the Facility's Elopement Books, Resident #2, and Resident #3.

22. SA validated through an interview with the DON on 8/24/23 at 2:15 PM and at 10:20 AM an interview and observation with the Maintenance Supervisor, that all exit doors were checked to ensure they were working properly by the Maintenance Director and Administrator on 08/14/2023 at 6:30 AM. No issues with the exit doors were noted.

23. SA validated through record review of the "QAPI/Quality Assurance" (QAPI) meeting minutes with attached sign-in sheet dated 8/13/23, an interview with the DON on 8/24/23 at 2:15 PM, and an interview with the Administrator on 8/24/23 at 2:15 PM that An Emergency Quality and Assurance Performance Improvement

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(QAPI) Meeting was called on 08/14/23 at 7:00 AM to discuss Resident's #1 Elopement from the facility. Those in attendance were the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing/Infection Preventionist, Unit Manager, Dietary Manager, Maintenance Director, Social Services Director, Minimum Data Nurse, Wound Care Nurse, Care Plan Nurse, and Lead Certified Nursing Assistant. QAPI reviewed facility's policy on Elopement and Wandering on August 13, 2023. No changes were made to the policy. The QAPI Committee instituted systemic change for securement of the wireless door transmitter. The wireless door transmitter will be always kept in possession of facility staff and/or locked in cabinet at receptionist desk.

24. SA validated through an interview with the Social Worker on 8/24/23 at 10:10 AM and record review of Social Services Progress Notes dated 8/14/23 that the Social Worker submitted a referral to an in facility contracted psychiatric services for talk therapy for Resident #1 on 8/14/23.

25. SA validated through an interview with the Social Worker on 8/24/23 at 10:10 AM and record review of the Brief Interview for Mental Status (BIMS) documentation dated 8/14/23 that on 08/14/2023 at 9:05 AM, the Social Worker conducted an interview with Resident #1 which included a BIMS. Resident #1 BIMS score is a 7. Social Worker stated she also provided reassurance of safety and psychosocial support for Resident #1 through active listening and talking with the resident.

26. SA validated through a telephone interview

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with the RP for Resident #1 8/23/23 at 11:03 AM, that an Emergency Care Plan Conference with Interdisciplinary Team and Resident Representative was conducted by the Social Worker on 08/14/2023 at 9:27 AM. Care Plan reviewed for "At Risk for Elopement by leaving facility unattended with interventions of place wander monitoring device on Resident #1, notify Primary Care Physician and Responsible Party of any further attempts to elope, increase group activities as resident desires, and staff to check doors to ensure they are working properly.

27. SA validated through an interview with the DON on 8/24/23 at 2:15 PM and record review of the individualized Care Plan for Resident #1 that the resident's care plan was updated on 8/14/23 to address elopement and elopement risk and included appropriate interventions which included wearing a Wanderguard bracelet, daily monitoring of placement and functioning of the Wanderguard bracelet by nursing staff with documentation, and direct visual observation monitoring by nursing staff.

28. SA validated through interview with the Maintenance Supervisor on 8/24/23 at 10:20 AM that the Codes for all exit doors was changed by the facility's contracted security provider on 08/14/2023 at 11:30 AM.

29. SA validated through an interview with the Administrator on 8/24/23 at 2:15 PM and record review of sign-in sheets dated 8/24/23 that an Elopement Drill was conducted by the Administrator on 08/14/2023 at 12:00 PM with two more elopement drills scheduled monthly for the next two months.

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F 689	Continued From page 19 30. SA validated through an interview with the Primary Physician for Resident #1 on 8/22/23 at 11:00 AM, that a Medication Review for Resident #1 was completed on 08/14/2023 at 12:19 PM by the Primary Care Physician with no changes noted. 31. SA validated through an interview with the Administrator on 8/24/23 at 2:15 PM that on 8/14/2023 at 1:15 PM, Attorney General Office was notified by Administrator. The SA validated on 8/24/23 that all corrective actions to remove the Immediate Jeopardy were completed as of 8/15/23, prior to entrance.	F 689		