

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER SIoux CENTER HEALTH ROYALE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP 1400 7TH AVENUE SE SIoux CENTER, IA 51250	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on staff interview and facility policy review, the facility failed to monitor and complete regular testing of the facility's Wander Guard door alarms which created a safety hazard for 9 residents living in the facility that required a Wander Guard device to prevent residents from leaving the building unattended. The facility reported a census of 68 residents. Findings included: During an interview on 6/3/20 at 9:30 a.m., the Director of Nursing (DON) stated the nursing department had not been doing any testing of the Wander Guard door alarm systems. The DON further stated the nursing department checked the tags/devices the residents wore on their wrists/ankles to verify the tags were actively monitoring them to prevent residents from leaving the facility unattended. The DON stated it was the maintenance department's responsibility to check and maintain the Wander Guard door alarms. During an interview on 6/3/20 at 3:20 p.m., the facility Administrator stated the facility had no records available of the Wander Guard door alarms being checked for proper functioning since the system was installed 2 years ago. The Administrator further verified the Wander Guard door alarm system should be monitored and checked at least monthly, but had not been completed. During an interview on 6/4/20 at 9:40 a.m., the Maintenance Supervisor verified there were no records of any routine checks being completed of the facility's Wander Guard door alarms systems by the maintenance department. On 6/4/20 at 8:30 a.m., the facility provided a copy of a Wander Guard Testing policy, revised December 2019. The policy stated the purpose was to assure the Wander Guard tags and product are working properly, provide guidance to staff, and to prevent injury to residents. The policy directed staff to perform monthly testing and maintenance of the product as it is essential to verify the system is operative and ensured the probability of detecting an alarm and/or locating the transmitter are maximized. The facility also provided a copy of a Wander Guard User Guide, dated January 2018, which stated in part, the failure to undertake regular testing and maintenance will increase the risk of system failure and failure to detect residents wandering.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.