DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	775543	A. BUILDING: _____ B. WING _____	C 09/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN OAKS ALZHEIMER'S SPECIAL CARE CE	8525 URBANDALE AVENUE URBANDALE, IA 50322

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments There were no deficiencies cited during the investigation of Incident 70671-I, Incident 70215-I or Complaint 70678-C. The following deficiency was cited during the investigation of Complaint 70185-C.	R 000		
R 268	57.7(5)c General Requirements 481-57.7(135C) General requirements. 57.7(5) The licensee shall: c. Provide an organized continuous 24-hour program of care commensurate with the needs of the residents. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the 24 hour program of care was commensurate with the needs of 1 of 2 former residents reviewed (Resident C1). Findings include: Review of the Resident Data Sheet form identified Resident C1 had an admission date of 8/08/17. The resident previously lived at home. The Data Sheet form identified the resident's diagnoses included dementia, hypertension, renal artery stenosis (narrowing of the kidney artery) and late onset of Alzheimer's disease. The Tenant Care Notes dated 8/8/17 at 10:30 a.m. identified the resident as ambulatory and transferred independently with a steady gait upon admission.	R 268	See attached Plan of Correction	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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R 268	Continued From page 1 The Tenant Care notes indicated the following: On 8/14/17 at 6:00 pm Resident C1 was observed on her buttocks in the front TV room. Resident C1 could not explain what had happened. The resident was noted guarding her left hip and not bearing weight. Resident C1's primary care provider (PCP) and family were notified. Staff requested an order for a portable x-ray if the limping continued. The resident's PCP gave the order for an x-ray if needed and requested to be updated regarding the results. On 8/15/17 at 5:00 am the resident showed no signs or symptoms of pain while being escorted to the restroom but was guarding the left hip. On 8/15/17 at 3:30 p.m. the LPN (licensed practical nurse) assessed Resident C1 and noted decreased ambulation and weight bearing and guarding of the left hip. The LPN observed a bony protrusion from left hip. Staff B notified Biotech for portable x-ray. On 8/15/17 at 4:00 p.m. Biotech arrived at the facility to x-ray Resident C1's left hip. On 8/15/17 at 5:30 p.m. the LPN documented the results of Resident C1's x-rays as negative for a fracture. The PCP was notified and a message left for the family. She wrote that if the resident continued to have issues with ambulation the family should be contacted regarding OT/PT or possibly a CAT scan. On 8/16/17 at 10:00 am the LPN and a CMA assessed the resident. The resident was unable to lift her right leg and complained of left hip pain.	R 268		

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R 268	Continued From page 2 On 8/16/17 at 9:00 p.m. documentation indicated the staff observed Resident C1 lying on the floor (this occurred at 6:40 pm according to an incident report). Staff were to monitor for 3 days and keep him/her in visual range. On 8/17/17 at 8:30 a.m. the Administrator called and informed the PCP that the results of the x-ray taken on 8/15/17 revealed a nondisplaced fracture extending transversely through the greater trochanter of the left hip. It was recommended to send the resident to the hospital. The resident was transported via ambulance to the hospital on 8/17/17 at 9:15 am. Review of an incident reports revealed the following: On 8/14/17 at 12:00 pm Resident C1 was found on the floor on her right side in front of the TV. The nurse was notified. The resident was assisted to stand by 2 staff members, using a gait belt. The resident complained of left hip pain. On 8/16/17 at 6:40 pm the resident fell when attempting to pick some lint up off the floor. Review of the x-ray taken by Biotech on 8/15/17 identified the resident had a nondisplaced fracture extending transversely through the greater trochanter of the left hip. No displaced fractures were shown, and the hip was aligned normally at the left hip joint. Review of the resident's Care Plan indicated an update on 8/16/17 for staff to monitor the resident's gait. The intervention directed staff that if the resident had any increased pain, decreased range of motion or decreased ambulatory status, then report this to the PCP.	R 268		

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R 268	Continued From page 3 Review of the hospital emergency room (ER) medical records, identified the resident's distal pulses intact and equal bilaterally. There was left hip tenderness. No deformities were noted. The ER obtained images of Biotech's 8/15/17 x-ray. The ER took additional x-rays of the chest, a CT (Computerized Tomography) of the head and laboratory tests. The medical records identified an increased risk of morbidity and mortality due to the presence of advanced age, and left hip/trochanteric fracture in the setting of underlying dementia. The physician admitted the resident into the hospital due to significant anemia (low blood count), positive hemoccult (test for blood in feces), significant leukocytosis (increased white cell count) and a non-operative hip fracture. The resident was discharged to a skilled nursing home on 8/22/17. On 9/12/17 at 11:54 am Staff B (LPN) was interviewed and confirmed she had read the x-ray results incorrectly. Staff B stated she had missed or misread the word "nondisplaced" and had documented there was no fracture noted. On 9/18/17 at 11:01 the Administrator was interviewed and stated she wanted to follow up on Resident C1's portable x-ray results following her return to the facility on the morning of 8/17/17. There were no known concerns at the time. The Administrator reported when she looked at the x-ray results she realized the LPN had misread them. She called the PCP and followed the recommendation to send the individual to the hospital.	R 268		

dlc 10/31/17

October 19, 2017

HEALTH FACILITIES

OCT 26 2017

Department of Inspections and Appeals

Attn:

Lucas State Office Building

321 East 12th Street

Des Moines, IA 50319

Dear Mrs. Dixon:

On behalf of Glen Oaks Alzheimer Special Care, I respectfully submit our Plan of Correction for your approval. Our response is specific to the RCF certification. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law.

R 481.57 (135C) 57.7(5)General requirements, the licensee shall: c. Provide an organized continuous 24 hour program of care commensurate with the needs of the residents (I, II, III)

1. **Elements detailing how the Program will correct each regulatory** *insufficiency.*
   -Glen Oaks Charge Nurse will notify Primary Care Provider by phone and by faxing results of labs or x-rays immediately upon receiving.

2. **What measures will be taken to ensure the problem does not recur.**

   -all Charge Nurses will be educated on this process to ensure all information/results are shared accurately and timely to Primary Care Physicians.

3. **How the Program plans to monitor performance to ensure compliance.**

DD 10/30/17

-the Health Service Director and/or designee will review Incidents, Labs, X-ray results every a.m. bringing to Stand Up meeting as well.

4. **The date by which the regulatory insufficiency will be corrected.**

-This regulatory insufficiency will be completed by October 20, 2017