

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 910597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/28/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHIRLEES RETIREMENT HOME

**1302 EAST SECOND AVENUE
INDIANOLA, IA 50125**

(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 The following deficiencies were cited during the investigation of Complaint #82623 as well as the revisit conducted to determine progress made toward correcting deficiencies cited during the survey completed on 11/14/2018.	R 000		
R 456	481-57.13(1)a Admission, Transfer, Discharge 481-57.13(135C) Admission, transfer and discharge. 57.13(1) General admission policies. a. Residents shall be admitted to a residential care facility only on a written order signed by a primary care provider, specifying the level of care, and certifying that the individual being admitted requires no more than personal care and supervision and does not require routine nursing care. (II,III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure written level of care orders were received prior to admission for 2 of 2 residents admitted following the survey in November 2018 (Residents #1, #2). Findings include: On 5/28/19 at 12:15 p.m. record review revealed Resident #1 was admitted to the facility on 3/28/19. Resident #1's record did not include an order specifying her level of care prior to admission. A monthly physician's order form dated 5/1/19 to 6/1/19 indicating RCF	R 456		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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R 456	Continued From page 1 (Residential Care Facility) level of care was not signed by the physician. No signed orders for RCF level of care were available at the time of the revisit. On 5/28/19 at 12:15 p.m. record review revealed Resident #2 was admitted to the facility on 12/01/18. Resident #2's record did not include an order specifying her level of care prior to admission. On 12/03/18 Resident #2's physician wrote orders stating that it was okay for Resident #2 to live at Shirley's Assisted Living. Orders specifying RCF level of care could not be located. On 5/28/19 at 12:54 p.m. the Administrator confirmed the findings. This rule was cited during the survey completed on 11/14/2018.	R 456			
R 608	481-57.17(1)k Records 57.17(1) Resident record. The licensee shall keep a permanent record on every resident admitted to the residential care facility, and all entries in the permanent record shall be current, dated, and signed. (III) The record shall include: k. Primary care provider's orders for the resident's level of care, medication, treatments, and diet. The orders shall be in writing and signed by the primary care provider quarterly; (III)	R 608			

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R 608	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure primary care providers' orders were obtained and signed as required for 2 of 2 residents admitted following the survey in November 2018 (Residents #1, #2). Findings include: 1. On 5/28/19 at 12:15 p.m. record review revealed Resident #1 was admitted to the facility on 3/28/19. A physician's order form for the month of 5/1/19 to 6/1/19 specifying the level of care, medications, treatments and diet was not signed by the physician. No other signed orders were available at the time of the revisit. 2. On 5/28/19 at 12:15 p.m. record review revealed Resident #2 was admitted to the facility on 12/01/18. There were no signed quarterly orders available for review. On 5/28/19 at 12:55 p.m. the Administrator confirmed the findings. This rule was cited during the survey completed on 11/14/2018.	R 608			
R 826	481-57.22(2) Orientation and Service Plan 57.22(2) Initial service plan. Within 48 hours of admission, the administrator or the administrator's designee shall develop an initial service plan to address any immediate health and safety needs. The plan shall be based on information gathered from the resident, family, referring party, primary care provider, and other	R 826			

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R 826	Continued From page 3 significant persons. The plan shall be followed until the service plan required in subrule 57.22(3) is complete. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure initial service plans were completed within 48 hours of admission for 2 of 2 residents admitted following the survey in November 2018 (Residents #1, #2). Findings include: On 5/28/19 at 12:15 p.m. record review revealed Resident #1 was admitted to the facility on 3/28/19. No initial service plan completed within 48 hours could be located. On 5/28/19 at 12:15 p.m. record review revealed Resident #2 was admitted to the facility on 12/01/18. No initial service plan completed within 48 hours could be located. On 5/28/19 at 12:36 p.m. the Administrator confirmed this finding. This rule was cited during the survey completed on 11/14/2018.	R 826			
R 828	481-57.22(3) Orientation and Service Plan 57.22(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the	R 828			

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R 828	<p>Continued From page 4</p> <p>interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure comprehensive, integrated service plans were developed within 30 days of admission for 2 of 2 residents admitted following the survey in November 2018 (Residents #1, #2). Findings include:</p> <p>On 5/28/19 at 12:15 p.m. record review revealed Resident #1 was admitted to the facility on 3/28/19. The facility had not developed a service plan.</p> <p>On 5/28/19 at 12:15 p.m. record review revealed Resident #2 was admitted to the facility on 12/01/18. The facility had not developed a service plan.</p> <p>On 5/28/19 at 12:36 p.m. the Administrator confirmed this finding and stated she did not</p>	R 828			

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R 828	Continued From page 5 think service plans were required because the residents were receiving hospice services. This rule was cited during the survey completed on 11/14/2018.	R 828			
R 838	481-57.23(1) Resident Activities Program 57.23(1) Activities program. Each residential care facility shall provide an organized resident activities program for the group and for the individual resident which shall include suitable activities. The facility shall offer at least two organized evening group activities per week and two organized weekend group activities per month. (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility did not provide any organized activities on weekends. Findngs follow: Review of activity calendars since January 2019 revealed no weekend activities were noted. On 5/28/19 at 12:36 p.m. the Administrator confirmed these findings	R 838			
R 842	481-57.23(1)b Resident Activities Program 57.23(1) Activities program. Each residential care facility shall provide an organized resident activities program for the group and for the individual resident which shall include suitable	R 842			

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R 842	<p>Continued From page 6</p> <p>activities. The facility shall offer at least two organized evening group activities per week and two organized weekend group activities per month. (III)</p> <p>b. The activities program shall include measureable goals for each resident. (IIII)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to develop measureable activity goals for 2 of 2 residents admitted following the survey in November 2018 (Residents #1, #2).</p> <p>On 5/28/19 at 12:15p.m. record review revealed Resident #1 was admitted to the facility on 3/28/19. The facility had not developed a measureable activity goal for the resident.</p> <p>On 5/28/19 at 12:15p.m. record review revealed Resident #2 was admitted to the facility on 12/01/18. The facility had not developed a measureable activity goal for the resident.</p> <p>On 5/28/19 at 12:36 p.m. the Administrator confirmed these findings</p>	R 842		