

# DEPARTMENT OF INSPECTIONS AND APPEALS

PRINTED: 04/14/2017  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R-C <b>03/30/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 W 46TH ST DAVENPORT, IA 52806</b>		
(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	
{A 000}	<p>481-67 Initial Comments</p> <p>Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 31 Total Population of Program at time of on-site: 34</p> <p>TOTAL census of Assisted Living Program: 34</p> <p>A revisit of the investigation of Incident #64658-I was completed and the following regulatory insufficiencies were identified:</p>	{A 000}	<p>See attached</p> <p>PDC 6/1/17</p>		
A 007	<p>481-67.2(1)d Program Policies and Procedures</p> <p>481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.</p> <p>67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following:</p> <p>d. The incident report shall include statements from individuals, if any, who witnessed the incident.</p> <p>This REQUIREMENT is not met as evidenced</p>	A 007			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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DAVENPORT, IA 52806**

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A 007	<p>Continued From page 1</p> <p>by: Based on interview and record review the Program failed to ensure incident reports completed for all incidents and failed to have incident reports include statements from individuals who witnessed the incident. This affected 1 of 3 tenant files reviewed (Tenant #2).</p> <p>Findings follow:</p> <p>Record review revealed the following:</p> <ol style="list-style-type: none"> <li>1. Nurse's Notes dated 3-16-17 indicated the Nurse was called the previous night regarding aggressive behaviors. Staff tried to redirect Tenant #2 and received two hits to her face and Tenant #2 received a skin tear to the wrist area and scratches to the watch area.</li> <li>An incident report dated 3-15-17 at 9:45 p.m. revealed Tenant #2 tried to fight staff and staff caught him/her by the wrist, which caused his/her watch to scratch his/her hand. Another staff tried to assist to get him/her out of the medication room and Tenant #2 punched the other staff twice in the face. Staff tried to back up and Tenant #2 scraped his/her arm on the door hinge, which caused a skin tear to the hands and arm. One staff completed the incident report; however, witness statements were not completed for the staff involved.</li> <li>2. Nurse's Notes dated 3-2-17 indicated the Nurse was notified at approximately 7:09 p.m. the previous evening Tenant #2 had an inappropriate sexual behavior. Nurse's Notes dated 3-27-17 indicated the Nurse received several calls over the previous weekend regarding exit seeking and sexual behaviors with two different tenants of the opposite sex. Tenant #2 would "lure" the tenants</li> </ol>	A 007		

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A 007	<p>Continued From page 2</p> <p>into his/her room and staff would redirect and remove them from the room.</p> <p>Incident reports were not completed related to the incidents of sexually inappropriate behavior for Tenant #2.</p> <p>Interview with the Nurse on 3-30-17 at 12:01 p.m. revealed Tenant #2 had a confrontation with staff and Tenant #2 hit staff in the jaw. Tenant #2 sustained a skin tear during the incident. The Nurse spoke with staff after the incident and she did not have any concerns regarding the situation. Tenant #2 had sexually inappropriate behavior, which included attempts to lift up other tenants' shirts, patted staff and other tenants on the buttocks and he/she lured tenants of the opposite sex into Tenant #2's room. There was no physical contact except lifting of the shirts.</p> <p>Interview with the Director on 3-30-17 at 12:48 p.m. revealed Tenant #2 cornered staff in a medication room and staff tried to move out of the way. Another staff responded and was punched twice in the face. Tenant #2 sustained a skin tear from the door hinge and a scratch on the wrist. The Director did not have any concerns with staff response with the incident. Regarding sexually inappropriate behavior, Tenant #2 had tried to lift up a tenant's shirt, patted staff and other tenants on the buttocks and tried to take tenants of the opposite sex towards his/her room.</p> <p>According to the Program's policy and procedure regarding incident reports, an incident was any happening out of the ordinary such as a fall, illness or a change in behavior. All incidents were to be handled to provide for the well-being of the tenant. Only supervisors or department managers completed incident reports. Part of the</p>	A 007		

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A 007	Continued From page 3  investigation should be to interview any caregivers and/or witnesses that had relevant information. Incident reports should be fully completed and should include: how, when and where the incident occurred, the nature of the injury, what was done for the tenant and date/time of the notification of the responsible party. Incident reports needed to be completed for all falls, any incident that resulted in injury or death, any elopement and verified medication error. Reports needed to be completed for witnessed and un-witnessed incidents.	A 007		
A 094	481-67.13(4) Exit Interview, Final Report and POC  481-67.13(17A,231C,85GA,SF394) Exit interview, final report, plan of correction. 67.13(4) Monitoring revisit. The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. The department may issue a regulatory insufficiency for failure to implement the plan of correction. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance.  This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to implement the Plan of Correction effective 3-1-17. Findings follow:  A review of the Plan of Correction indicated the plan was not implemented or completed by the	A 094		

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A 094	Continued From page 4  effective date of 3-1-17 in the area of service plans.  Please see 69.26(4)a for additional information.	A 094		
{A 089}	481-69.26(4)a Service Plans  481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance          This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of the tenants for two of three tenant files reviewed (Tenants #2 and #3). Findings follow:  1. Record review revealed Nurse's Notes, dated 3-1-17, indicated Tenant #2 went into another tenant's room and started shouting to get out of his/her room. Tenant #2 grabbed the other tenant over his/her mouth and the other tenant fought back and bit Tenant #2's hand. Tenant #2 punched the other tenant in the right rib cage. Tenant #2 sustained a skin tear, which was treated.  Nurse's Notes, dated 3-2-17, indicated the Nurse was notified at approximately 7:09 p.m. the previous evening Tenant #2 had an inappropriate sexual behavior. Staff redirected Tenant #2 and Alprazolam was given. The Nurse was notified	{A 089}		

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{A 089}	<p>Continued From page 5</p> <p>early that morning Tenant #2 went into another tenant's apartment and wanted to start a confrontation with the other tenant. Tenant #2 thought the other tenant was in his/her home. Tenant #2 was redirected; however, it took two staff and took longer than normal.</p> <p>Nurse's Notes, dated 3-16-17, indicated the Nurse was called the previous night regarding aggressive behaviors. Staff attempted to redirect Tenant #2; staff received two hits to her face and Tenant #2 received a skin tear to the wrist area and scratches to watch area.</p> <p>Nurse's Notes, dated 3-27-17, indicated the Nurse received several calls over the previous weekend regarding exit seeking and sexual behaviors with two different tenants of the opposite sex. Tenant #2 would "lure" the tenants into his/her room and staff would redirect and remove them from the room. Tenant #2 pounded on different tenant rooms. Redirection seemed to be getting more challenging.</p> <p>Further record review revealed Tenant #2's service plan, dated 11-21-16, (current service plan) reflected Tenant #2 as an elopement risk and indicated Tenant #2 had aggressive behaviors. General information regarding chronic confusion and aggression was indicated on the service plan; however, specific interventions for Tenant #2 related to exit seeking/elopement and aggressive behaviors were not provided. The service plan was not updated to reflect behavior including: going into other tenants' apartments and confrontations, aggression towards staff, exit seeking and sexual behaviors and interventions related to the behaviors. The service plan failed to reflect the identified needs of Tenant #2.</p>	{A 089}		

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{A 089}	<p>Continued From page 6</p> <p>Interview with the Nurse on 3-30-17 at 12:01 p.m. revealed Tenant #2 had confrontations with two different tenants, one of which resulted in an injury. Tenant #2 had a confrontation with staff and Tenant #2 hit staff in the jaw. Tenant #2 had sexually inappropriate behavior, which included attempts to lift up other tenants' shirts, patted staff and other tenants on the buttocks and he/she lured tenants of the opposite sex into Tenant #2's room. Tenant #2's exit seeking behavior consisted of going to the exit door.</p> <p>Interview with the Director on 3-30-17 at 12:48 p.m. revealed Tenant #2 had confrontations with two different tenants, one of which resulted in an injury. Tenant #2 had a confrontation with staff and Tenant #2 hit staff twice in the face. Tenant #2 had tried to lift up a tenant's shirt, patted staff and other tenants on the buttocks and tried to take tenants of the opposite sex towards his/her apartment. Regarding exit seeking behavior, Tenant #2 was at the door.</p> <p>2. Record review of Tenant #3's file revealed a diagnosis of dementia. Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline.</p> <p>According to the ALP Monitoring Entrance Form, Tenant #3 was identified as a tenant who wandered throughout the Program.</p> <p>A 90 day nurse review document, dated 1-29-17, indicated Tenant #3 wandered throughout the back building. An annual nurse review document, dated 10-28-16, indicated Tenant #3 wandered in the back building.</p> <p>Interview with the Nurse on 3-30-17 at 12:01 p.m. revealed Tenant #3 wandered between two</p>	{A 089}		

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{A 089}	Continued From page 7  sections of the building and did not exit seek. Interventions for Tenant #3's redirection included: table tasks and programming.  Interview with the Director on 3-30-17 at 12:48 p.m. revealed Tenant #3 walked between two sections of the building.  Further record review revealed Tenant #3's service plan dated 10-28-16 (current service plan) identified Tenant #3 was prone to wandering; however, did not provide any specific interventions related to the wandering behavior. The service plan did not reflect the identified needs of Tenant #3.	{A 089}		





HL  
6/8/17  
CAC  
6/6/17

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900 West 46<sup>th</sup> Street | Davenport, Iowa | p: 563-391-1111 | f: 563-391-6267

April 27, 2017

Complaint/Incident Intake #64658-I

Iowa Department of Inspection & Appeals  
Catie Campbell  
Program Coordinator  
Adult Services Bureau  
Lucas State Office Building  
321 East 12th Street  
Des Moines, IA 50319-0083

Dear Mrs. Campbell,

Please consider this our plan of correction for the regulatory insufficiencies cited on March 30, 2017 with the **Final Complaint/ Incident Investigation, Country Manor, Davenport, IA** completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapters 481-67 and 481-69, pertaining to regulatory insufficiency in the areas service plans and incident reports and failure to implement the plan of correction.

**Service Plans**

481-69.26(4) a: The service plans shall be individualized and shall indicate, at a minimum a) the tenants identified needs and preferences for assistance.

1. Elements detailing how the program will correct the regulatory insufficiency.
  - a. The Wellness Director, Registered Nurse will ensure that service plans on each tenant are individualized and identify needs and preferences for assistance; including interventions.
2. What measures will be taken to ensure the problem does not recur?
  - a. The Wellness Director, Registered Nurse will complete service plans on each tenant as outlined in the State of Iowa regulations and each service plan will be individualized and identify needs and preferences; including interventions .
3. How the program plans to monitor performance to ensure compliance.

- a. The Wellness Director, Registered Nurse or designee will complete a quarterly audit of all service plans to ensure the problem does not recur therefore we will be in compliance
4. Date by which the regulatory insufficiency will be corrected?
  - a. All tenants service plans will be updated if need be, to identify needs and preferences for assistance; including interventions by June 1, 2017.

### **Incident Reports**

481-67.2 (1).d Program Policies and Procedures, including incident reports must have statements from individuals, if any, who witnessed the incident.

1. Elements detailing how the program will correct the regulatory insufficiency.
  - a. The Wellness Director, Registered Nurse or designee will ensure that incident reports are completed for all incidents that occur out of the ordinary. Additionally, if an incident was witnessed, statements will be gathered.
2. What measures will be taken to ensure the problem does not recur?
  - a. By implementing the corrective action in question #1, and incident reports are completed for all incidents out of the ordinary, including gathering witness statements if needed the problem will not recur.
3. How the program plans to monitor performance to ensure compliance.
  - a. The Wellness Director, Registered Nurse or designee will do a monthly review of all incident reports to ensure the problem does not recur therefore we will be in compliance.
4. Date by which the regulatory insufficiency will be corrected?
  - a. A staff in-service will be held by May 1, 2017 to re-educate all staff on the policy and procedure for incident reports.

### **Plan of Correction**

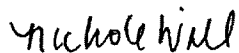
481-67.13 (4) The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and a regulatory insufficiency has been corrected.

1. Elements detailing how the program will correct the regulatory insufficiency.
  - a. The Wellness Director, Registered Nurse will ensure that service plans on each tenant are individualized and identify needs and preferences for assistance; including interventions.
2. What measures will be taken to ensure the problem does not recur?

- a. The Wellness Director, Registered Nurse will complete service plans on each tenant as outlined in the State of Iowa regulations and each service plan will be individualized and identify needs and preferences; including interventions .
3. How the program plans to monitor performance to ensure compliance.
  - a. The Regional Director of Operations will complete a chart audit by June 1, 2017 to verify that all tenant service plans are updated.
4. Date by which the regulatory insufficiency will be corrected?
  - a. All tenants service plans will be updated if need be, to identify needs and preferences for assistance; including interventions by June 1, 2017.

Thank you for your consideration and please do not hesitate to contact me at 563-391-1111 if any further information is required. Further, we are aware that we have a civil penalty to pay. That will be paid within the time frame outlined of 30 days.

Sincerely,



Nichole Will, BSW  
Executive Director