

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0142</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD P E, L L C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>190 NORTH 15TH STREET ONAWA, IA 51040</b>
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A 000	<p>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>Number of tenants without cognitive disorder: 18</p> <p>Number of tenants with cognitive disorder: 0</p> <p>TOTAL census of Assisted Living Program: 18</p> <p>A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Revisit for Complaint 77845-C and Incidents 78314-I and 77752-I. Complaint #80010-C was investigated. The following regulatory insufficiencies were identified:</p>	A 000	<p>See attached</p> <p>POC 4/22/19</p>	
A 008	<p>481-67.2(1)e 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>e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.</p> <p>This REQUIREMENT is not met as evidenced</p>	A 008		

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

TITLE

(X6) DATE

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A 008	<p>Continued From page 1</p> <p>by: Based on interview and record review the Program's policy for Incident Reports failed to address minimum standards, including how to address unusual occurrences. This potentially affected 18 of 18 tenants who resided at the Program. Finding follows:</p> <p>Record review 2/18/19 of the incident reporting policy provided by the Director revealed the following statement: "Whenever an occurrence or event leads to unintentional consequences and an unfortunate happening to a resident, visitor, or staff member on the grounds of the Premier Estates and Incident/Accident Report must be completed."</p> <p>Record review on 2/18/19 revealed the Program failed to complete an incident report for a tenant's exit seeking behavior. At 2:05 p.m. on 2/18/19 the Director confirmed Tenant #1's exit seeking was an unusual occurrence. The policy failed to include information directing staff to complete an incident report for unusual occurrences as required.</p> <p>During the exit at 5:15 p.m. on 2/18/19 the Director and Administrator acknowledged the policy did not address unusual occurrences.</p>	A 008		
A 016	<p>481-67.3(5) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights: 67/3(5) To receive from the manager and staff of the program a reasonable response to all requests.</p>	A 016		

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A 016	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to respond to tenant concerns regarding an automatic opener/push button for the front entrance to the Program. This potentially affected 18 of 18 tenants who resided at the Program at the time of the re-certification. Finding follows:</p> <p>A group interview was held on 1/29/19 at 9:30 a.m. with seven tenants of the Program and one family member. During this meeting most of the tenants expressed concern that they had asked the Program to install an automatic door opener/push button on the front entrance to make it easier for tenants to come and go with walkers. Tenants said they repeatedly asked with no response from administration.</p> <p>Record review on 2/18/19 revealed Resident Council Meeting minutes from June 2018 to January 2019. Review of the minutes revealed a request for a push button on the front door was originally made in an undated meeting but based on announcements it was likely the May 2018 meeting. With the exception of June 2018 the topic of the push button appeared as new and old business during the tenant meetings from July 2018 to January 2019.</p> <p>During the exit interview on 2/18/19 at 5:15 p.m. the Administrator and Director acknowledged the</p>	A 016		

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A 016	Continued From page 3  tenants had repeatedly requested/asked for a push button/door opener to be installed on the front entrance with no response from the Program. The Director said she had requested a company provide a quote but due to weather that had not been completed.	A 016		
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 interview and record review the Program failed to implement the plan of correction dated 12/3/18. Finding follows:  Record review revealed the plan of correction submitted by the program for a complaint visit, completed 10/3/18. The plan of correction indicated regulatory insufficiencies would be corrected by 12/3/18, including a regulatory insufficiency cited at Iowa Administrative Code (IAC) chapter 67.5(6).	A 094		

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A 094	Continued From page 4  During the revisit a regulatory insufficiency was cited at IAC 67.5(6), for a tenant not receiving pain medication as order by the physician.	A 094		
A 147	<p>481-67.5(6)d Medications</p> <p>481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently administer medications as prescribed. This affected 1 of 4 tenants reviewed (Tenant #4). Finding follows:</p> <p>Record review on 2/18/19 revealed Tenant #4's Medication Administration Record (MAR) for January 2019. A notation by staff on 1/1/19 and 1/2/19 documented staff did not administer Hydrocodone and noted there were no pills available at the Program. The actual notation read "none in the lockbox."</p> <p>Further review revealed Tenant #4's Controlled Medication Utilization Record. The following entries were made on the record 1/1/19 7:00 p.m. and 1/2/19 7:00 a.m. "No Hydro to give."</p> <p>Record review revealed Tenant #4's History and Physical dated 7/26/18 which included the order</p>	A 147		

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A 147	<p>Continued From page 5</p> <p>for hydrocodone four times a day for chronic back pain. Tenant #4's functional/health evaluation and service plan dated 9/25/18 confirmed the Tenant required medication management assistance from the Program.</p> <p>During an interview with the Director at 2:05 p.m. on 2/18/19 the Director stated the Program completed a medication error report. She provided the document which noted Tenant #4's hydrocodone 10/325 mg had been ordered from the pharmacy on 12/29/18, but not delivered in time so Tenant #4's 7:00 p.m. dose on 1/1/19 and 7:00 a.m. dose on 1/2/19 had not been administered as ordered.</p> <p>During the exit on 2/18/19 at 5:15 p.m. the Director, Administrator and delegating nurse acknowledged the Program failed to administer medications as ordered by the physician because the medications were not available.</p>	A 147		
A 037	<p>481-69.22(2) Evaluation of Tenant</p> <p>481-69.22(231C) Evaluation of tenant.</p> <p>69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a</p>	A 037		

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A 037	<p>Continued From page 6</p> <p>significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently evaluate tenants' functional, cognitive and health status with a significant change of condition for 1 of 1 tenant who exhibited exit seeking behavior (Tenant #1). Finding follows:</p> <p>Record review on 2/18/19 revealed Daily Shift Report Sheets documented the following: a. An entry on 1/23/19 at 1:15 a.m. documented Tenant #1 came to the desk and said she was leaving. Staff tried to redirect her to the apartment. At 1:25 a.m. Tenant #1 came to the desk and said she was leaving. Tenant #1 insisted that her apartment was not her home and opened doors to the bathrooms and utility rooms throughout the program. At 1:45 a.m. staff contacted the tenant's daughter who tried to calm her. Staff contacted the nursing facility staff to arrange for another staff to come watch Tenant #1 while she did night checks. Staff noted that after night checks she sat so she could watch to see if Tenant #1 came out of her apartment and tried to leave through the North doors. At 3:30 and 3:40 a.m. Tenant #1 came out of her apartment. At 3:40 a.m. Tenant #1 tried to leave the assisted living part of the building and go to the nursing facility side of the building. When asked where she was going she said, "Home." Staff contacted the Director at 3:55 a.m. and requested she come in early so the other staff could attend to the tenants and breakfast.</p>	A 037		
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A 037	<p>Continued From page 7</p> <p>b. An entry on 1/24/19 noted Tenant #1 tried to go outside again. When told she couldn't, Tenant #1 said, "I will hit you." The overnight staff noted she checked Tenant #1 every hour on 1/24 - 1/26/19.</p> <p>c. On 2/6/19 staff noted Tenant #1 came to the desk at 11:00 p.m. and asked if the boats came in yet. Staff told her it was cold outside and all the roads were closed because of snow.</p> <p>d. On 2/8/19 staff noted Tenant #1 came out around breakfast time with a coat on and planned to leave to go to Blencoe to open up the post office. Staff noted it was difficult to stop her and another tenant's nurse sat with Tenant #1 while staff served breakfast to other tenants. Staff contacted Tenant #1's daughter who came in to assist in taking care of Tenant #1.</p> <p>Record review on 2/18/19 revealed the Program completed cognitive evaluation for Tenant #1 on 1/24/19, but failed to complete functional and health evaluations.</p> <p>When interviewed on 2/18/19 at 4:00 p.m. the Director confirmed the Program completed the cognitive assessment based on Tenant #1's significant change.</p> <p>During the exit on 2/18/19 at 5:15 p.m. the Director and delegating nurse acknowledged Tenant #1's exit seeking would be considered a change of condition and should have been addressed accordingly.</p>	A 037		
A 085	<p>481-69.26(3) Service Plans</p> <p>481-69.26(231C) Service plans.</p>	A 085		

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A 085	<p>Continued From page 8</p> <p>69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans when tenants had a significant change. This affected 1 of 1 tenant who exhibited exit seeking (Tenant #1). Finding follows:</p> <p>Record review on 2/18/19 revealed Daily Shift Report Sheets documented the following: a. An entry on 1/23/19 at 1:15 a.m. documented Tenant #1 came to the desk and said she was leaving. Staff tried to redirect her to the apartment. At 1:25 a.m. Tenant #1 came to the desk and said she was leaving. Tenant #1 insisted that her apartment was not her home and opened doors to the bathrooms and utility rooms throughout the program. At 1:45 a.m. staff contacted the tenant's daughter who tried to calm her. Staff contacted the nursing facility staff to arrange for another staff to come watch Tenant #1 while she did night checks. Staff noted that after night checks she sat so she could watch to see if Tenant #1 came out of her apartment and tried to leave through the North doors. At 3:30 and 3:40 a.m. Tenant #1 came out of her apartment. At 3:40 a.m. Tenant #1 tried to leave the assisted living part of the building and go to the nursing facility side of the building. When asked where she was going she said, "Home." Staff contacted the Director at 3:55 a.m. and</p>	A 085		

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A 085	<p>Continued From page 9</p> <p>requested she come in early so the other staff could attend to the tenants and breakfast.</p> <p>b. An entry on 1/24/19 noted Tenant #1 tried to go outside again. When told she couldn't, Tenant #1 said, "I will hit you." The overnight staff noted she checked Tenant #1 every hour on 1/24 - 1/26/19.</p> <p>c. On 2/6/19 staff noted Tenant #1 came to the desk at 11:00 p.m. and asked if the boats came in yet. Staff told her it was cold outside and all the roads were closed because of snow.</p> <p>d. On 2/8/19 staff noted Tenant #1 came out around breakfast time with a coat on and planned to leave to go to Blencoe to open up the post office. Staff noted it was difficult to stop her and another tenant's nurse sat with Tenant #1 while staff served breakfast to other tenants. Staff contacted Tenant #1's daughter who came in to assist in taking care of Tenant #1.</p> <p>Record review on 2/18/19 revealed the Program failed to update Tenant #1's service plan with a change in condition.</p> <p>When interviewed on 2/18/19 at 4:00 p.m. the Director confirmed the Program failed to update Tenant #1's service based on Tenant #1's significant change. During the exit on 2/18/19 at 5:15 p.m. the Director and delegating nurse acknowledged Tenant #1's exit seeking would be considered a change of condition and should have been addressed.</p>	A 085		
A 089	<p>481-69.26(4)a Service Plans</p> <p>481-69.26(231C) Service plans. 69.26(4) The service plan shall be</p>	A 089		

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A 089	<p>Continued From page 10</p> <p>individualized and shall indicate, at a minimum:</p> <p>a. The tenant's identified needs and preferences for assistance</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop individualized service plans to include/indicate, at a minimum, the tenants' identified needs. This affected 3 of 4 tenants reviewed (Tenants #2, #3, #4). Findings follow:</p> <p>1. Record review revealed Tenants #2's service plan, dated 7/27/18, noted the tenant would need assistance with bathing self; staff may assist with bathing one to two times weekly and report.</p> <p>Further record review revealed Tenant #2's evaluation, dated 7/27/18, documented Tenant #2 was dependent for bathing.</p> <p>2. Record review revealed Tenant #3's service plan, dated 10/5/18, noted tenant needed assistance with bathing; staff may assist with bathing if necessary and report changes.</p> <p>Further record review revealed Tenant #3's evaluation, undated but included in packet with the service plan dated 10/5/18, documented Tenant #3 needed assistance with bathing.</p> <p>3. Record review revealed Tenant #4's service plan, dated 1/14/19, noted tenant needed stand</p>	A 089		

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A 089	<p>Continued From page 11</p> <p>by assist with bathing self; staff may assist with bathing if necessary and report changes.</p> <p>Further review revealed Tenants #4's evaluation, dated 1/14/19, documented Tenant #4 was dependent on staff for bathing.</p> <p>During the exit on 2/18/19 at 5:15 p.m. the Director, Administrator and delegating nurse acknowledged the service plans were not individualized and did not include tenants' identified needs and preferences, specifically for bathing.</p>	A 089		

OK  
4/11/19

✓  
4/22/19

Premier Estates of Elmwood  
Plan of Correction  
Recertification/Complaint Survey 2/18/19

3/28/2019

Please accept this plan correction for the areas noted on the review report which contains the results of the Recertification and Complaint Survey conducted on 2/19/2019.

This plan of correction does not constitute an admission or agreement by the provider of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan is prepared solely because it is required by State and Federal Law.

Date of compliance of all insufficiencies will be completed by April 22, 2019.

**A008 – 481-67.2(1)e Program Policies and Procedures**

1. The policy at the time of survey quoted the specific regulation as the guideline. The policy and procedure has been updated to define what meets the criteria of an incident for our program.
2. A staff in-service will be held on 4/5/2019 to educate all staff members of the policy update.
3. Assisted Living Director (ALD) and Program Nurse will review all Incident Reports within 48 hours to ensure continued compliance.
4. Corrected by 4/18/2019.

**A016 – 481-67.3(5) Tenant Rights**

1. Administer will educate ALD on proper procedure for Tenant Meeting for Premier Estates to include a response to each old business item.
2. Tenant meeting held 4/4/19 and tenants informed that Program will not pursue a push button for front door.
3. ALD will review Tenant Meeting minutes with Administrator within 3 days of Tenant meeting.
4. Corrected by 4/18/2019.

### **A094 – 481-67.13(4) Exit Interview, Final Report and POC**

1. Plan of Correction has been implemented related to tenants receiving medications. (see A147)
2. Education provided to AL staff by ALD and Program Nurse related to the updated plan for ensuring medication availability. (see A147)
3. ALD/Program Nurse will ensure that all medications ordered have been processed by the pharmacy in a timely manner and will follow up within 24 hours of request to ensure medications are available to Tenant.
4. Corrected by 4/19/2019

### **A147 – 481-67.5(6) Medications**

1. On 1/8/2019 a staff in-service was conducted to educate all staff on the proper procedure for when a tenant does not have a medication available per Doctor's orders.
2. The staff member is to notify the ALD and Program Nurse immediately upon the knowledge of this occurrence to ensure that it is corrected and that the tenant does not miss a medication dose per Doctor's orders.
3. ALD/Program Nurse will ensure that all medications ordered have been processed by the pharmacy in a timely manner and will follow up within 24 hours of request to insure medications are available to Tenant.
4. Correct by 4/18/2019.

### **A037 – 481-69.22(2) Evaluation of Tenant**

1. Upon Survey visit ALD and Program Nurse were educated on regulation of Evaluation of Tenant by Surveyor.
2. Education included that upon significant change of condition in a tenant the Program Nurse will conduct a cognitive, functional and health evaluation, and the Service plan will be updated to include new cares for staff to address the change of condition for that individual.
3. Program Nurse will review Tenant's Weekly Nurse Review to identify any change of condition. If any are identified a new assessment will be conducted and Service Plan updated accordingly.
4. Correct by 4/18/2019.

### **A085 – 481-69.26(3) Service Plans**

1. Service Plan for Tenant #1 has been updated by the Program Nurse.
2. Administrator educated ALD relating to the requirements and expectations related to Service Plan updates.
3. Whenever a change of condition occurs, Program Nurse will update Service Plan accordingly and ALD will review for compliance. Updated Service Plans will be reviewed weekly for 60 days.
4. Correct by 4/18/2019.

### **A089 – 481-69.26(4)a Service Plans**

1. Service Plans for tenants #2, #3, and #4 were updated to ensure they were individualized and included tenant's identified preferences.
2. All staff educated on 04/05/2019 related to bathing assistance as directed by the Service Plan.
3. ALD or designee will monitor baths 5 days per week for 60 days and monitor if baths are given in accordance with the tenants Service Plan.
4. Correct by 4/18/2019.