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9/20/19

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FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

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  <b>C</b> <b>06/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 W 46TH ST</b> <b>DAVENPORT, IA 52806</b>		
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A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the 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: 4 Number of tenants with cognitive disorder: 19 Total Census of Assisted Living Program for People with Dementia: 23</p> <p>The investigation of Complaints #83177-C, #83178-C, #83183-C, #83192-C, and #83926-C resulted in the following regulatory insufficiencies.</p>	A 000	<p>See attached</p> <p>POC 8/19/19</p>		
A 003	<p>481-67.2 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>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to follow its policy regarding medications for 5 of 6 tenants reviewed specifically (Tenant #1, #3, #4, #6, #10) as well as potentially affecting other tenants. In addition the</p>	A 003			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 003	<p>Continued From page 1</p> <p>Program failed to ensure the policy regarding incident reports was followed for 3 of 6 tenants reviewed (Tenants #1, #3 and #6). Findings follow:</p> <p>1. Observation on 6-11-19 at 11:48 a.m. revealed Staff F administered medications to four tenants including Tenant #10. Staff F prepared the medications and put them in a cup. The medication cup was provided to Tenant #10 at the dining room table but she refused to take the medications at that time. Staff F put the unmarked medication cup with Tenant #10's medication in the top drawer of the medication cart in the front building.</p> <p>On 6-11-19 at approximately 12:40 p.m. the medication cart located in the dining area in the front building was observed to be unlocked. Nurse Clinician #1 was made aware and locked the cart.</p> <p>On 6-11-19 at approximately 12:45 p.m. Staff F retrieved the unmarked cup from the top drawer of the medication cart and administered the medications to Tenant #10. Staff F confirmed Tenant #10's medications were administered.</p> <p>Observation on 6-12-19 at 7:49 a.m. and 7:52 a.m. revealed the medication cart in the back building was not locked when staff was away from cart.</p> <p>Review of the Program's Medication Policy indicated medications would be kept in a locked cabinet, drawer or tool box in the tenant's apartment that was not accessible to people other than the staff administering the medications. If medications were refused and had already been dispensed it was to be documented on the</p>	A 003			

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A 003	<p>Continued From page 2</p> <p>medication administration record (MAR) as refused and the nurse was to be notified. All refused or discarded medications would be given to the Nurse.</p> <p>2. Review of files for Tenants #1, #3, #4 and #6 on 6-11-19 and 6-12-19 revealed the following:</p> <ul style="list-style-type: none"> <li>- Tenant #1's May and June 2019 MARs (medication administration records) reflected an order dated 5-8-19 for Lorazepam/Ativan 0.5 milligram (mg) to be given three times per day for increased anxiety and agitation, an order for Seroquel 25 mg three times per day and an order for Venlafaxine HCL 75 mg twice per day. The MARS and Progress Notes (administration notes from 5-1-19 to 6-10-19) revealed the Lorazepam/Ativan was documented as not available to administer 23 times between 5-10-19 at 1:00 p.m. to 5-31-19 at 8:00 p.m. and 30 times from 6-1-19 at 8:00 a.m. to 6-11-19 at 1:00 p.m. The Seroquel was not available to administer 25 times in May and the Venlafaxine was not available to administer 3 times in May. An incident report was completed related to the medication error with Tenant #1's Ativan, however it was dated 6-11-19 after more than 50 doses had not been administered.</li> <li>- Tenant #3's May and June 2019 MARs reflected an order for Flaxseed Oil 1200 mg twice daily. The May MAR and Progress Notes (administration notes from 5-1-19 to 6-11-19) reflected the medication was unavailable to administer 36 times starting on from 5-2-19 at 8:00 a.m. The June MAR and Progress Notes (administration notes from 5-1-19 to 6-11-19) reflected the Flaxseed Oil was not available to administer 16 times from 6-1-19 at 4:00 p.m. to 6-11-19 at 4:00 p.m. Incident reports were not found for these medication errors.</li> <li>- Tenant #4's May and June 2019 MARs</li> </ul>	A 003		

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A 003	<p>Continued From page 3</p> <p>revealed orders for Linzess 290 micrograms (mcg) once daily. The MARs and Progress Notes (administration notes from 5-1-19 to 6-12-19) reflected the medication was unavailable to administer 9 times from 5-2-19 to 5-27-19 and 5 times from 6-4-19 to 6-9-19. The May MAR also reflected an order for Sulfamethoxazole-Trimethoprim to be given twice daily for seven days for a urinary tract infection. The medication was documented as not given on 5-17-19, 5-19-19 and 5-20-19 at 8:00 p.m. It was documented as needing to be re-ordered on 5-17-19 and 5-19-19. Incident reports were not found for these medication errors.</p> <p>- Tenant #6's May 2019 MAR revealed orders for Levetiracetam Solution 100 mg/milliliters (ml), 5 ml to be given daily at 8:00 a.m. as an anticonvulsant; Ensure nutritional supplement three times a day and Acetaminophen 500 mg four times a day for pain. The May MAR and Progress Notes (administration notes from 5-1-19 to 6-13-19) revealed the Levetiracetam Solution was unavailable to administer on 5-16-19, 5-21-19, 5-22-19 and 5-23-19, the Ensure was not available to administer on 5-2-19 at 11:30 a.m. and the Acetaminophen was not given 7 times during the month. Incident reports were not found for these medication errors.</p> <p>Review of the Program's Medication Policy revealed med errors were to be documented on a medication error and incident report form and submitted to the RN.</p> <p>3. Review of files for Tenants #1, #3, and #6 on 6-11-19 and 6-12-19 revealed the following:</p> <p>- Tenant #1's file revealed he received hospice services. A Hospice Nursing Assessment dated 4-22-19 indicated the greatest concern for the visit was a fall. Staff reported Tenant #1 had a fall</p>	A 003		

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A 003	<p>Continued From page 4</p> <p>from a low bed and was observed sitting on his buttocks. An incident report for this fall could not be located.</p> <p>- Tenant #3's file revealed she received hospice services. Progress Notes dated 4-26-19 indicated Tenant #3 fell out of bed and was found lying on the right side of her body and face. She moved all extremities without pain. A phone call was made to hospice to report Tenant #3 fell out of bed and had significant redness noted on the right side of her face. A Hospice Nursing Assessment dated 6-4-19 indicated Tenant #3 had a witnessed fall on 5-31-19 with no noted injuries. Incident reports for these falls on 4-26-19 and 5-1-19 could not be located.</p> <p>- Tenant #6's file revealed she received hospice services. When interviewed on 6-13-19 at approximately 1:15 p.m. Hospice Nurse #2 revealed Tenant #6's seizure medication (Keppra) previously ran out, she was without it for two days and on the third day she had a seizure. The medication had not been re-filled. Hospice Interdisciplinary Team Notes indicated on 5-8-19 Tenant #6 had a skin tear on the right arm. On 5-23-19 staff reported possible "seizure activity" that morning. Tenant #6 had returned to her baseline when the nurse arrived. The seizure medication was to be re-filled and staff were instructed to give Lorazepam until seizure medication arrived. Review of the Interdisciplinary Team Notes did not indicate any prior seizure activity or subsequent seizure activity after the medication was re-filled and administered per order. Incident reports related to the seizure activity and the skin tear with unknown etiology could not be located.</p> <p>Review of the Program's Incident Report Policy indicated the nurse/manager was to be contacted if a tenant fell, there was unusual tenant behavior</p>	A 003		

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A 003	Continued From page 5  or any unusual event occurred. The manager or nurse would indicate the person in charge on the schedule to fill out the report in their absence. The nurse was responsible to follow up with a review within 24 hours of the indicated and enter the report into the electronic records.  4. When interviewed on 6-13-19 at 1:58 p.m. the Manager confirmed all incident reports requested were provided for the tenants listed above.	A 003			
A 013	481-67.3(2) Tenant Rights  481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure adequate and appropriate services were provided to 5 of 6 current tenants (Tenants #1, #2, #3, #4, #6) and 3 of 3 discharged tenants reviewed (Tenants #6, #7, #8 and #9). Findings follow:  1. Review of Tenant #1's file on 6-11-19 and 6-12-19 revealed he received hospice services. On 6-3-19 it was noted Program staff expressed concerns regarding discoloration on Tenant #1's buttocks. The hospice home health aide was going to would notify the nurse. Staff said they "will reposition him more often."	A 013			

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A 013	<p>Continued From page 6</p> <p>April Documentation Survey Reports (task sheets) indicated tasks to be completed included assistance with bathing, dressing/undressing, meals, hygiene/grooming, bed making, perineal care and disposal of incontinence products. The tenant was to be assisted with toileting four times per shift when awake and receive visual checks 8 times per shift. The task sheets indicated there were 3 times bathing assistance was not documented as completed, over 20 times dressing/undressing assistance was not documented as completed, 2 times hygiene/grooming was not documented as completed, 2 times daily bed making was not documented as completed, over 30 times perineal care and disposal of incontinence products was not documented as completed, over 10 times toileting assistance 4 times per shift was not documented as completed and over 50 times visual checks 8 times per shift was not documented as completed.</p> <p>2. Review Tenant #2's file on 6-11-19 and 6-12-19 revealed April, May and June task sheets indicated tasks to be completed included grooming, laundry, bathing, dressing, eating, daily bed making, toileting assistance and visual checks (8 times per shift.) The April task sheets indicated there were 20 times dressing assistance was not documented as completed, over 30 times toileting assistance was not documented as provided and over 50 times visual checks were not documented as completed. In May 2019 toileting assistance every four hours and visual checks eight times per shift were not documented as completed over 50 times. In June 2019 grooming and dressing assistance were not documented as completed twice between 6-1-19 and 6-12-19.</p>	A 013		

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A 013	<p>Continued From page 7</p> <p>Two copies of Tenant #2's June 2019 task sheets were provided, one printed on 6-11-19 at 4:12 p.m. and one printed at 6-12-19 at 8:18 a.m. The copy provided on 6-12-19 had more entries with staff initials than were recorded on the copy dated 6-11-19. For example, on 6-5-19 at 11:00 a.m. and 12:00 p.m. there were no initials recorded that visual checks were done at those times on the 6-11-19 copy of the task sheet. On the 6-12-19 initials were recorded on 6-5-19 at 11:00 a.m. and 12:00 p.m. indicating checks were completed.</p> <p>3. Review of Tenant #3's file on 6-11-19 and 6-12-19 revealed April, May and June 2019 task sheets indicated tasks to be completed included prompting/cueing at meals, toileting four times per shift and once during the night hours and as needed, dressing/undressing hands on assistance, hygiene and grooming assistance and visual checks eight times per shift. In April there were over 20 times visual checks every eight hours was not documented as completed and over 10 times toileting assistance as indicated was not documented as completed. In May there were 15 times toileting assistance as indicated was not documented and over 100 times visual checks eight times per shift were not documented as completed. In June (6-1-19 to 6-19-19) there were 7 times visual checks were not documented as completed.</p> <p>4. Review of Tenant #4's file on 6-11-19 and 6-12-19 revealed April and May 2019 task sheets indicated tasks to be completed included dressing/undressing (hands on assistance and verbal cues), hygiene and grooming assistance, trash removal daily, bed making daily, meal reminders, assistance to the bathroom four times per shift while awake and toileting assistance</p>	A 013			



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A 013	<p>Continued From page 8</p> <p>twice per night, visual checks 8 times per shift, assistance with the emptying and cleaning the commode every morning and bathing assistance. In April there were 7 times the commode being emptied and cleaned was not documented as completed, over 20 times dressing/undressing assistance was not documented as completed, over 20 times grooming assistance was not documented as provided, over 20 times toileting assistance as indicated was not documented as completed, 3 times daily bed making was not documented as completed, 7 times meal reminders were not documented as completed, 3 times trash removal daily was not documented as completed and over 50 times visual checks were not documented as completed.</p> <p>In May there were 7 times the commode being emptied and cleaned was not documented as completed, over 10 times dressing/undressing assistance was not documented as completed, over 10 times grooming assistance was not documented as provided, over 40 times toileting assistance as indicated was not documented as completed, 3 times daily bed making was not documented as completed, over 10 times meal reminders were not documented as completed, 3 times trash removal daily was not documented as completed and over 50 times visual checks were not documented as completed.</p> <p>5. Record review on 6-12-19 of Tenant #6's file revealed she received hospice services.</p> <p>When interviewed on 6-13-19 at approximately 1:15 p.m. Hospice Nurse #2 indicated Tenant #6 was non-ambulatory and did not get out of bed. The tenant pocketed food so food provided included Greek yogurt, baby food and a nutritional supplement. Tenant #6 was incontinent of</p>	A 013		

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A 013	<p>Continued From page 9</p> <p>bladder and bowel. She received a bed bath twice per week and staff were to reposition every two hours and provide oral swabs of her mouth. Tenant #6 had liquid medications administered. She had a stage III pressure ulcer on her coccyx and hospice provided daily dressing changes of the wound. Tenant #6 also had a blister on the right knee and a blister on the left buttock that were both healed. The tenant was not able to verbalize her needs.</p> <p>Review of Tenant #6's April and May 2019 task sheets indicated tasks to be completed included dressing/undressing assistance, checking and changing protective undergarment 4 times per shift, incontinence care, repositioning to prevent skin breakdown, grooming assistance, encouragement with eating, oral care assistance, perineal care and disposal of incontinence products, and visual checks 8 times per shift. The April task sheet revealed there were over 20 times dressing/undressing was not documented as completed, over 30 times a check and change of the protective undergarment was not documented as completed, over 30 times the repositioning as indicated was not documented as completed and over 50 times visual checks were not documented as completed. In May there were over 10 times dressing/undressing assistance was not documented as completed, over 50 times a check and change of the protective undergarment was not documented as completed, over 50 times repositioning as indicated was not documented as completed and more than 50 times visual checks were not documented as completed.</p> <p>6. On 6-12-19 review of Tenant #7's file she was discharged on 3-29-19. The service plan signed on 10-22-18 reflected Tenant #7 had a history of</p>	A 013			

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A 013	<p>Continued From page 10</p> <p>falls, was independent with mobility with a wheeled walker and received 8 visual checks per shift.</p> <p>An incident report indicated on 3-25-19 at 3:30 a.m. staff observed Tenant #7 sitting on the floor, with a pillow propped up and a blanket. Tenant #7 refused help and was calm when left alone. Vitals were not obtained due to refusal. Tenant #7 was taken to the hospital. When interviewed on 6-13-19 Staff D reported she worked third shift when Tenant #7 was found on the ground. She was found sitting on the ground at 4:00 a.m. with a pillow behind her and a blanket on top with her legs propped out. Staff D did not think Tenant #7 had fallen. Tenant #7 was asleep and Staff D tried to get her up; however, she would not let her touch her. Tenant #7 was combative and she left her alone. When Staff D returned to check on her between 5:00 a.m. and 5:30 a.m. she was on the floor in the same position. Staff D tried to get her up and Tenant #7 was again combative. At 7:00 a.m. when first shift arrived she was in the same position, sleeping, hunched over and staff unsuccessfully attempted to assist her up her. At 8:00 a.m. another staff and a therapy student arrived and Tenant #7 was in the same position. Staff attempted to assist Tenant #7 and she was combative. The previous Healthcare Coordinator was called at that time. Tenant #7 went to the hospital and was diagnosed with a urinary tract infection (UTI). The tenant was in bed at the 3:00 a.m. check. Staff D said she did not think to call the previous Healthcare Coordinator when she first observed Tenant #7 on the floor.</p> <p>Tenant #7's task sheet for March 2019 indicated tasks to be completed included visual checks 8 times per shift. In March there were over 100 times visual checks were not documented as</p>	A 013		

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A 013	<p>Continued From page 11</p> <p>completed, including on 3-25-19 at 5:00 a.m. and 6:00 a.m. Tenant #7 went to the hospital on 3-25-19 and was discharged from the Program on 3-29-19. After Tenant #7 left the Program visual checks were documented as completed on 3-26-19 and 3-30-19.</p> <p>7. Review of Tenant #8's file on 6-12-19 revealed a discharge date of 5-26-19. An undated and unsigned service plan reflected Tenant #8 needed occasional assistance with assistive devices and had a history of falls. Tenant #8 had safety checks every hour.</p> <p>An incident report dated 5-13-19 at 1:00 a.m. reflected staff heard Tenant #8 yell and entered the room and found him lying on this back. Tenant #8 voiced complaints of pain in his back and an ambulance was called.</p> <p>When interviewed Staff I said she worked third shift when the incident occurred with Tenant #8. A second shift staff had stayed later into third shift until after midnight and had done rounds. Staff I was just getting ready to do rounds at 1:00 a.m. when she heard Tenant #8 yelling. She found him lying on his back on the floor near his closet with his walker in front of him. When she asked if he had pain Tenant #8 complained of back pain and he was more lethargic. She called the previous Healthcare Coordinator who directed her to call 911. Per Tenant #8's family he did not have a new fracture however had prior injuries in his back. Tenant #8 returned from the hospital and experienced significant decline.</p> <p>Tenant #8's May 2019 task sheet he was to be visually checked 8 times per shift. In May there were 40 times visual checks were not documented as completed. The most recent</p>	A 013		

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A 013	Continued From page 12  check prior to Tenant #8's fall on 5-13-19 at 1:00 a.m. was documented on 5-12-19 at 2:00 p.m. (11 visual checks not documented as completed).  8. Review on 6-12-19 of Tenant #9's file revealed a May 2019 task sheet indicating the tenant was to be visually checked 8 times per shift. In May there were over 10 times visual checks were not documented as completed.  9. When interviewed on 6-19-19 at the time of the exit meeting the Manager confirmed all task sheets requested were provided.	A 013			
A 058	481-67.9(4)a Staffing  481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.          This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure a review of nurse delegated training was completed within 60 days	A 058			

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A 058	<p>Continued From page 13</p> <p>of the new nurse's employment. This pertained to 1 of 1 staff reviewed employed prior to the former Healthcare Coordinator's hire date (the Program Manager). Findings follow:</p> <p>The former Healthcare Coordinator was employed as the delegating nurse from 12-24-18 until 5-28-19.</p> <p>Review of the Manager's training documents revealed a hire date of 11-5-18. Nurse delegated training was documented by Nurse Clinician #1 with the management company on 12-5-18. When the former Healthcare Coordinator was hired on 12-24-18 as the delegating nurse, a review was not completed to ensure the Manager was sufficiently trained on all tasks assigned.</p> <p>Schedules and task sheets for the last three months provided by the Program reflected the Manager had worked on the floor and provided cares.</p> <p>When interviewed on 6-12-19 at 4:55 p.m. Nurse Clinician #1 revealed all nurse delegation documents requested were provided.</p>	A 058			
A 059	<p>481-67.9(4)b Staffing</p> <p>481-67.9(231B,231C,231D) Staffing.</p> <p>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> <p>b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).</p>	A 059			

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A 059	Continued From page 14  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse delegated training within 30 days of employment for 2 of 6 staff reviewed hired in the past four months (Staff A and B). Findings follow:  The former Healthcare Coordinator was employed as the delegating nurse from 12-24-18 until 5-28-19.  On 6-11-19 review of Staff A's training documents revealed a hire date of 4-23-19. Staff A's nurse delegation documents were not signed by the former Healthcare Coordinator or any other delegating nurse within 30 days of Staff A's employment.  On 6/11/19 review of Staff B's training documents revealed a hire date of 3-25-19. Staff B's nurse delegation documents were not signed by the former Healthcare Coordinator or any other delegating nurse within 30 days of Staff B's employment.  When interviewed on 6-12-19 at 4:55 p.m. Nurse Clinician #1 revealed all nurse delegation documents requested were provided.	A 059		
A 147	481-67.5(6)d Medications  481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication	A 147		

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A 147	<p>Continued From page 15</p> <p>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 administer medications as ordered for 4 of 5 tenants reviewed who received medications administered by staff (Tenants #1, #3, #4 and #6). Findings follow:</p> <p>1. On 6-11-19 at approximately 2:15 p.m. Tenant #1 was observed to be restless while sitting in the lift recliner in the living area on side B. Staff F was seated next to Tenant #1 and provided one to one assistance. When Tenant #1 attempted to get up, Staff F told him he needed to stay seated and appeared to lightly touch his leg as she encouraged him to stay seated. The recliner foot pedal was in the upright position.</p> <p>When interviewed on 6-11-19 at approximately 2:20 p.m. the Management Company Nurse revealed Tenant #1 was experiencing increased restlessness. Hospice was notified and was coming to assess Tenant #1.</p> <p>When interviewed on 6-11-19 at 4:20 p.m. Hospice Nurse #1 stated her visit to Tenant #1 was for increased agitation. Lorazepam/Ativan had been ordered for the tenant on 5-8-19 but he was currently out of the medication as the script was not refilled as needed.</p>	A 147		



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A 147	<p>Continued From page 16</p> <p>Review of Tenant #1's May and June 2019 medication administration records (MARs) and Progress Notes (administration notes from 5-1-19 to 6-10-19) revealed the scheduled Lorazepam/Ativan (3 times a day) was documented as not available to administer 23 times between 5-10-19 at 1:00 p.m. and 5-31-19 at 8:00 p.m. and 30 times from 6-1-19 at 8:00 a.m. to 6-11-19 at 1:00 p.m. The medication was documented as not available to administer on 5-16-19 however was documented as given the day prior and the day after. In addition, the order was for a 14 day supply, however the MAR documented the medication was administered several times past the end date of the 14 days (5-22-19). Although the script had not been refilled after the original 14 day supply should have been exhausted, the med was documented as given on 6-10-19 at 8:00 a.m. despite the lack of availability per documentation 26 times before 6-10-19 and 4 times after it was documented as given. It was also documented refused on 6-7-19 at 8:00 a.m. despite prior and subsequent unavailability of the medication. The May MAR also reflected an order for Seroquel tablet 25 mg, three times per day and an order for Venlafaxine HCL 75 mg twice per day. The Seroquel was not available to administer 25 times in May and the Venlafaxine was not available to administer 3 times in May.</p> <p>An incident report dated 6-11-19 indicated the scheduled Lorazepam/Ativan was not available for administration. Pharmacy had been contacted and reported the script for Ativan had not been refilled after the 14 day supply was finished.</p> <p>When interviewed on 6-13-19 at 1:58 p.m. the Manager revealed she had contacted pharmacy on 5-31-19 regarding Tenant #1's</p>	A 147		

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A 147	<p>Continued From page 17</p> <p>Lorazepam/Ativan once she was alerted by staff. Pharmacy did not have a script for Lorazepam/Ativan (tablets) and said they would contact hospice. There was a script available for liquid Lorazepam/Ativan. Nurse Clinician #1 followed up with hospice and the scheduled liquid dose of Lorazepam/Ativan was received on 6-12-19. According to the Manager, it was the responsibility of the Program's nurse to reorder the Lorazepam/Ativan once the 14 day supply was nearing the end.</p> <p>In summary, Tenant #1 was observed on 6-11-19 and appeared restless. Hospice was contacted to visit and it was determined there was an issue with the orders for Lorazepam/Ativan and availability of the medication to administer. May and June 2019 MARs reflected over 50 times it documented as not available to administer. Tenant #1 also had Seroquel and Venlafaxine that were noted as not available to administer.</p> <p>2. Tenant #3's May and June 2019 MARs reflected an order for Flaxseed Oil 1200 mg twice daily. The May MAR and Progress Notes (administration notes from 5-1-19 to 6-11-19) reflected the medication was unavailable to administer 36 times from 5-2-19 at 8:00 a.m. until the end of the month. Despite being documented as unavailable to administer at times during the month of May there were 24 times staff documented it was given including on 5-17-19, 5-18-19, 5-19-19 and 5-20-19. On those days the medication was documented as administered at 8:00 a.m. but not available to administer at 4:00 p.m.</p> <p>Tenant #3's June MAR and Progress Notes (administration notes from 5-1-19 to 6-11-19) reflected the Flaxseed Oil was not available to</p>	A 147			

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A 147	<p>Continued From page 18</p> <p>administer 16 times from 6-1-19 at 4:00 p.m. to 6-11-19 at 4:00 p.m. Despite being documented as unavailable during the majority of that time period, there were 6 times staff documented the medication was given.</p> <p>3. Tenant #4's May and June 2019 MARs revealed orders for Linzess 290 micrograms (mcg) once daily. The MARs and Progress Notes (administration notes from 5-1-19 to 6-12-19) reflected the medication was unavailable to administer 9 times from 5-2-19 to 5-27-19 and 5 times from 6-4-19 to 6-9-19. The May MAR also reflected an order for Sulfamethoxazole-Trimethoprim to be given twice daily for seven days for a urinary tract infection. The medication was documented as not given on 5-17-19, 5-19-19 and 5-20-19 at 8:00 p.m. It was documented as needing to be re-ordered on 5-17-19 and 5-19-19.</p> <p>4. Review of Tenant #6's file revealed she received hospice services. When interviewed on 6-13-19 at 1:15 p.m. Hospice Nurse #2 revealed Tenant #6's seizure medication (Keppra) previously ran out, she was without it for two days and on the third day she had a seizure. The medication had not been re-filled.</p> <p>Hospice Interdisciplinary Team Notes dated 5-23-19 reflected staff reported possible "seizure activity" that morning. Tenant #6 had returned to her baseline when the nurse arrived. The seizure medication was to be re-filled and staff were instructed to give Lorazepam until seizure medication arrived. Review of the Interdisciplinary Team Notes did not indicate any prior seizure activity or subsequent seizure activity after the medication was re-filled and administered per order.</p>	A 147			

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A 147	<p>Continued From page 19</p> <p>Tenant #6's May 2019 MAR revealed orders for Levetiracetam Solution 100 mg/milliliters (ml), 5 ml to be given daily at 8:00 a.m. as an anticonvulsant; Ensure nutritional supplement three times a day and Acetaminophen 500 mg four times a day for pain. The May MAR and Progress Notes (administration notes from 5-1-19 to 6-13-19) revealed the Levetiracetam Solution was unavailable to administer on 5-16-19, 5-21-19, 5-22-19 and 5-23-19, the Ensure was not available to administer on 5-2-19 at 11:30 a.m. and the Acetaminophen was not given 7 times during the month.</p> <p>In summary, Tenant #6's medications were not given as ordered including an anticonvulsant. During the time the anticonvulsant was not administered the tenant experienced possible seizure activity.</p> <p>5. The Program's policy and procedure for medications indicated the nurse would review MARs two to three times weekly until an "acceptable process of med administration is consistent." After it was in place the nurse would review MARs monthly. All staff who administered medication were required to complete a check of the electronic MARs and narcotic counts at the end of the shift with another staff. All discrepancies would be addressed immediately. Ordering of new medications and refills "will be the sole responsibility of the nurse, lead resident assistant or delegate via nurse discretion."</p> <p>The Program had been without a Healthcare Coordinator since 5-28-19.</p>	A 147			

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A 037	Continued From page 20	A 037		
A 037	<p>481-69.22(2) Evaluation of Tenant</p> <p>481-69.22(231C) Evaluation of tenant. 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 significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to completed evaluations as needed with a significant change in condition for 2 of 6 tenants reviewed (Tenants #1 and #6). Findings follow:</p> <p>1 Observation on 6-11-19 at 11:43 a.m. revealed Tenant #1 was transferred (stand pivot transfer) from reclining lift chair to a high back wheelchair with assistance of two staff (the Life Enrichment Coordinator and Staff F) and a gait belt. On 6-11-19 at 1:02 p.m. Tenant #1 was observed being transferred (stand pivot transfer) from a high back wheelchair to the reclining lift chair with two staff (the Manager and Staff F) and a gait</p>	A 037		

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A 037	<p>Continued From page 21</p> <p>belt.</p> <p>When interviewed Staff A, B, C, D, E and F revealed Tenant #1 required the assistance of two people for transfers all of the time. Staff F reported Tenant #1 required the three people approximately 10 to 15% of the time.</p> <p>When interviewed on 6-12-19 at 4:55 p.m. Nurse Clinician #1 stated she had observed the need of assistance of two to three people for transfers.</p> <p>On 6-13-19 at 1:58 p.m. the Manager revealed Tenant #1 typically required two people to transfer but needed three people approximately 15% of the time according to the Manager.</p> <p>When interviewed on 6-12-19 at approximately 8:00 a.m. the Hospice Home Health Aide (HHA) revealed she provided HHA services three times per week for Tenant #1.</p> <p>During an interview on 6-11-19 at 4:20 p.m. Hospice Nurse #1 revealed HHA services were provided three times per week and skilled nursing twice per week. The Hospice Nurse said that per the Hospice HHA, Tenant #1 required two, sometimes three, staff to assist with stand pivot transfers.</p> <p>A Hospice Admission Nursing Assessment dated 3-27-19 reflected during a visit it took three assist to stand Tenant #1 and provide incontinent care. Hospice Nursing Assessments dated 4-22-19, 5-7-19, 5-8-19, 5-17-19 and 6-4-19 reflected Tenant #1 was a two to one assist with transfers. Hospice Nursing Assessments dated 6-7-19, 6-10-19 and 6-11-19 reflected Tenant #1 was a two to one max assist transfer. The assessments also noted Tenant #1 utilized a high back wheel</p>	A 037		

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A 037	<p>Continued From page 22</p> <p>chair.</p> <p>The most current evaluation completed by the Program dated 3-27-19 reflected Tenant #1 needed assistance of one staff for transfers.</p> <p>2. On 6-13-19 at 3:50 p.m. Staff B and Staff H were observed repositioning Tenant #6 in bed. An alternating pressure mattress was noted on Tenant #6's bed and she was wearing pressure relief boots.</p> <p>When interviewed on 6-13-19 at approximately 1:15 p.m. Hospice Nurse #2 indicated Tenant #6 was non-ambulatory, not getting out of bed, pocketed food and was incontinent of bowel and bladder. She received a bed bath twice per week and staff were to reposition every two hours and provide oral swabs of her mouth. Tenant #6 had liquid medications administered. Tenant #6 had a stage III pressure ulcer on her coccyx and hospice provided daily dressing changes of the wound. Tenant #6 also had a blister on the right knee and a blister on the left buttock that were both healed. Tenant #6 was not able to verbalize her needs.</p> <p>Record review of Hospice Interdisciplinary Team Notes indicated the following:</p> <ul style="list-style-type: none"> <li>a. On 4-30-19 it was noted Tenant #6 had a new wound on the coccyx.</li> <li>b. On 5-8-19 it was noted Tenant #6 had a skin tear on the right arm. The stage III pressure ulcer on the coccyx was larger and had a tan/black wound bed. Tenant #6 did not have a dressing on the when the nurse arrived. Wound care was provided.</li> <li>c. On 5-9-19 it was noted the wound appeared it might be a Kennedy ulcer to the coccyx with a new stage II pressure ulcer to the left buttock.</li> </ul>	A 037		

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NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 W 46TH ST</b> <b>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 037	<p>Continued From page 23</p> <p>Tenant #6 was not getting out of bed.</p> <p>d. On 5-29-19 it was noted the wound on the coccyx was worse. New orders were obtained for daily wound care.</p> <p>e. On 5-30-19 it was noted Tenant #6 was incontinent of stool. The wound bed black/tan slough was removed and a new wound bed 1.5 centimeters (cm) deep with a red wound bed was noted. It was packed lightly with saline soaked 2 x 2 gauze and covered with Optifoam. A peri-pad was applied over the distal end of the Optifoam to attempt to protect the Optifoam from stool.</p> <p>f. On 5-31-19 it was noted Tenant #6 tolerated the Greek yogurt and nutritional supplement well.</p> <p>g. On 6-4-19 it was noted a blister was noted on the left side of the buttock. The dressing was changed on the coccyx and a new 3 cm x 0.5 cm skin blister was noted on the left buttock. Frequent repositioning, every two hours was discussed with the Manager and staff.</p> <p>h. On 6-7-19 it was noted regarding the wounds that "all appear to be healing well."</p> <p>i. On 6-11-19 it was noted the pressure ulcer on the coccyx was healing well. It appeared to be painful when Tenant #6 was repositioned she "relaxes quickly."</p> <p>j. On 6-12-19 it was noted the wound bed for the stage III pressure ulcer was red. Tenant #6 appeared comfortable except during repositioning. Tenant #6 did get scared and reached out and grabbed. Daily dressing changes would continue.</p> <p>Tenant #6's most current evaluation completed by the Program was dated 9-21-18. Evaluations were not completed with a changes in cares including not getting out of bed, wounds including a stage III wound and daily wound treatment by hospice, bathing, dressing, oral cares, changes with eating and meals, the use of an alternating</p>	A 037		



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A 037	Continued From page 24  pressure mattress and pressure relief boots.  3. When interviewed on 6-13-19 at 1:58 p.m. the Manager revealed all evaluation documents requested for the tenants noted above were provided.	A 037		
A 039	481-69.23(1)b Criteria for Admission/Retention of Tenants  481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program retained a tenant who required routine two-person assistance with transfers. This pertained to 1 of 6 current tenants reviewed (Tenant #1). Findings follow:  Observation on 6-11-19 at 11:43 a.m. revealed Tenant #1 was transferred (stand pivot transfer) from reclining lift chair to a high back wheelchair with assistance of two staff (the Life Enrichment Coordinator and Staff F) and a gait belt. Observation on 6-11-19 at 1:02 p.m. revealed Tenant #1 was transferred (stand pivot transfer) from a high back wheelchair to the reclining lift chair with two staff (the Manager and Staff F) and a gait belt.  When interviewed Staff A, B, C, D, E and F	A 039		

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A 039	<p>Continued From page 25</p> <p>revealed Tenant #1 required the assistance of two people for transfers all of the time. Staff F reported Tenant #1 required three people approximately 10 to 15 % of the time.</p> <p>When interviewed on 6-12-19 at 4:55 p.m. Nurse Clinician #1 stated she had observed the need of assistance of two to three people for transfers.</p> <p>On 6-12-19 at approximately 8:00 a.m. the Hospice Home Health Aide (HHA) revealed she provided HHA services three times per week for Tenant #1. The Hospice HHA said he was a two to one transfer with a gait belt and he needed a higher level of care.</p> <p>When interviewed on 6-11-19 at 4:20 p.m. Hospice Nurse #1 revealed HHA services were provided three times per week and skilled nursing twice per week. The Hospice Nurse said that per the Hospice HHA Tenant #1 required two, sometimes three, staff to assist with stand pivot transfers. She felt the tenant might benefit from a higher level of care.</p> <p>The tenant's Hospice Initial Assessment and Initial Plan of Care indicated the start of care date was 3-26-19 with an admitting terminal diagnosis of Alzheimer's disease. A Hospice Admission Nursing Assessment dated 3-27-19 reflected during a visit it took three assist to stand Tenant #1 and provide incontinent care. Hospice Nursing Assessments dated 4-22-19, 5-7-19, 5-8-19, 5-17-19 and 6-4-19 reflected Tenant #1 was a two to one assist with transfers. Hospice Nursing Assessments dated 6-7-19, 6-10-19 and 6-11-19 reflected Tenant #1 was a two to one max assist transfer.</p> <p>When interviewed on 6-13-19 at 1:58 p.m. the</p>	A 039			

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A 039	Continued From page 26  Manager revealed Tenant #1 typically required two staff to help transfer and sometimes needed three staff. She said he needed the assistance of three staff approximately 15% of the time. She believed the former Healthcare Coordinator had submitted a waiver of administrative rule (health care) request for the tenant. A waiver request was faxed to the Department at the time of the current investigation.  In summary, Tenant #1 exceeded the criteria for retention since March of 2019. The Program indicated a waiver of administrative rule request was intended for Tenant #1; however, the Department had not received the request nor had approved a waiver of administrative rule for Tenant #1. Despite not applying for or receiving notification of the waiver of administrative rule, Tenant #1 remained at the Program from March 2019 to the time of investigation while he exceeded the criteria for retention.	A 039			
A 071	481-69.25(1)i Tenant Documents  481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception	A 071			

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A 071	<p>Continued From page 27</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurses notes by exception for 3 of 6 current tenants reviewed (Tenants #1, #3, and #6). Findings follow:</p> <p>1. Review on 6-11-19 and 6-12-19 of Tenant #1's file revealed the following:</p> <p>a. An Incident Report dated 4-19-19 at 4:45 p.m. reflected Tenant #1 was found on the floor in his apartment. It appeared Tenant #1 slid out of the wheelchair. No injuries were noted.</p> <p>b. A Hospice Nursing Assessment dated 4-22-19 indicated the greatest concern for the visit was a fall. Staff reported Tenant #1 had a fall from a low bed and was observed sitting on his buttock.</p> <p>c. A Hospice Physician Orders document indicated new orders received on 4-3-19 regarding Morphine, Lorazepam/Ativan, hyoscyamine, APAP suppository and Tamsulosin. A Hospice Physician Orders document indicated a new order was received on 5-8-19 for Lorazepam/Ativan 0.5 mg, take three times daily for increased anxiety and agitation.</p> <p>d. Hospice narrative documentation dated 6-3-19 noted Program staff expressed concerns regarding discoloration on Tenant #1's buttocks. The Hospice HHA was going to notify the nurse and staff would reposition the tenant more often.</p> <p>Progress Notes reflected an entry from the former Healthcare Coordinator on 3-25-19 and the next entry in Progress Notes (not including administration notes) was a late entry for 5-31-19. Nurses' notes were not documented by exception including for falls, new orders and a concern noted with discoloration on Tenant #1's buttocks.</p>	A 071		

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A 071	<p>Continued From page 28</p> <p>2. Review on 6-11-19 and 6-12-19 of Tenant #3's file revealed the following:</p> <ul style="list-style-type: none"> <li>a. A Hospice Physician Orders document dated 5-1-19 indicated a new order was received for Tylenol.</li> <li>b. A Hospice Physician Orders document dated 5-8-19 indicated a new order was received for Miralax.</li> <li>c. A Hospice Nursing Assessment dated 5-17-19 reflected the greatest concern for the visit was a weight loss of seven pounds. The prior Nursing Assessment indicated Tenant #3 weighed 105 pounds and the Nursing Assessment dated 5-17-19 reflected a weight of 98 pounds. The Hospice Nursing Assessment dated 5-17-19 reflected Tenant #3 had a "significant wt loss" and had lost seven pounds since 5-8-19.</li> <li>d. A Hospice Nursing Assessment dated 6-4-19 indicated Tenant #3 had a witnessed fall on 5-31-19 with no noted injuries.</li> <li>e. Progress Notes (not including administration notes) reflected the last entry was dated 4-26-19. Nurse's notes were not documented by exception for a fall, weight loss and new medication orders received.</li> </ul> <p>3. Review on 6-12-19 of Tenant #6's file revealed a diagnosis of chronic obstructive pulmonary disease and she was staged at six on the GDS, which indicated severe cognitive decline. Tenant #6 received Hospice services.</p> <p>When interviewed on 6-13-19 at approximately 1:15 p.m. Hospice Nurse #2 indicated Tenant #6 had a stage III pressure ulcer on her coccyx and hospice provided daily dressing changes of the wound. Tenant #6 also had a blister on the right knee and a blister on the left buttock that were both healed. Hospice Nurse #2 also revealed</p>	A 071			

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A 071	<p>Continued From page 29</p> <p>Tenant #6's seizure medication (Keppra) had previously ran out, she was without it for two days and on the third day she had a seizure. The medication had not been re-filled.</p> <p>Hospice Interdisciplinary Team Notes dated 5-23-19 reflected an as needed nurse visit was completed. Staff reported possible "seizure activity" that morning. Tenant #6 had returned to her baseline when the nurse arrived. The seizure medication was to be re-filled and staff was instructed to give Lorazepam/Ativan until seizure medication arrived.</p> <p>Additional Hospice Interdisciplinary Team Notes indicated the following:</p> <ul style="list-style-type: none"> <li>a. On 4-30-19 it was noted Tenant #6 had a new wound on the coccyx.</li> <li>b. On 5-8-19 it was noted Tenant #6 had a skin tear on the right arm. The stage III pressure ulcer on the coccyx was larger and had a tan/black wound bed. Tenant #6 did not have a dressing on the when the nurse arrived. Wound care was provided.</li> <li>c. On 5-9-19 it was noted the wound appeared it might be a Kennedy ulcer to the coccyx with a new stage II pressure ulcer to the left buttock. Tenant #6 was not getting out of bed.</li> <li>d. On 5-29-19 it was noted the wound on the coccyx was worse. New orders were obtained for daily wound care.</li> <li>e. On 5-30-19 it was noted Tenant #6 was incontinent of stool. The wound bed black/tan slough was removed and a new wound bed 1.5 centimeters (cm) deep with a red wound bed was noted. It was packed lightly with saline soaked 2 x 2 gauze and covered with Optifoam. A peri-pad was applied over the distal end of the Optifoam to attempt to protect the Optifoam from stool.</li> <li>f. On 6-4-19 it was noted a blister was noted on</li> </ul>	A 071		

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A 071	Continued From page 30  the left buttock. The dressing was changed on the coccyx and a new 3 cm x 0.5 cm skin blister was noted on the left buttock. Frequent repositioning, every two hours was discussed with the Manager and staff. g. On 6-7-19 it was noted regarding the wounds that "all appear to be healing well."  Progress Notes (not including administration notes) for the past three months were requested for Tenant #6. One entry was provided dated 3-18-19 for a 90 day review. Nurse's notes were not documented by exception for a stage III pressure ulcer and wounds on the left buttock, right knee and skin tear on the right arm. Nurse's notes were also not documented by exception to include the seizure medication not re-filled and possible "seizure activity."  4. When interviewed on 6-13-19 at 1:58 p.m. the Manager confirmed all nurses notes for the tenants requested were provided.	A 071		
A 083	481-69.26(1) Service Plans  481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.	A 083		

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A 083	<p>Continued From page 31</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to update service plans when changes were needed and failed to have service plans reflect the service needs of the tenants. This pertained to 5 of 6 current tenants reviewed (Tenants #1, #2, #3, #5 and #6). Findings follow:</p> <p>1. Observations on 6-11-19 at 11:43 a.m. and 1:02 p.m. revealed Tenant #1 was transferred (stand pivot transfer) from one chair to another with the assistance of two staff and a gait belt.</p> <p>When interviewed Staff A, B, C, D, E and F revealed Tenant #1 required the assistance of two people for transfers all of the time. Staff F reported Tenant #1 required the three people approximately 10 to 15% of the time.</p> <p>On 6-12-19 Staff A reported staff provided incontinence care in bed on third shift.</p> <p>When interviewed on 6-12-19 at 4:55 p.m. the Nurse Clinician #1 stated the tenant needed the assistance of two to three people for transfers.</p> <p>On 6-13-19 at 1:58 p.m. the Manager stated Tenant #1 typically needed thwe assistance of two to transfer. He required assistance of three approximately 15% of the time.</p> <p>When interviewed on 6-12-19 at approximately 8:00 a.m. the Hospice Home Health Aide (HHA) revealed she provided HHA services three times per week for Tenant #1. He had a discoloration on his buttock. The Hospice HHA said #1 was a two to one transfer with a gait belt and he needed a higher level of care.</p>	A 083		



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A 083	<p>Continued From page 32</p> <p>When interviewed on 6-11-19 at 4:20 p.m. Hospice Nurse #1 revealed HHA services were provided three times per week and skilled nursing twice per week. The Hospice Nurse said that per the Hospice HHA, Tenant #1 was a max two to one stand pivot transfer and was at times a three to one assist.</p> <p>A Hospice Admission Nursing Assessment dated 3-27-19 reflected during a visit it took three assist to stand Tenant #1 and provide incontinence care.</p> <p>Hospice Nursing Assessments dated 4-22-19, 5-7-19, 5-8-19, 5-17-19 and 6-4-19 reflected Tenant #1 was a two to one assist with transfers. Hospice Nursing Assessments dated 6-7-19, 6-10-19 and 6-11-19 reflected Tenant #1 was a two to one max assist transfer. The assessments also noted Tenant #1 utilized a high back wheel chair.</p> <p>Hospice documentation dated 6-3-19 noted Program staff expressed concerns regarding discoloration on Tenant #1's buttocks. The Hospice HHA would notify the nurse and staff would reposition himmmore often.</p> <p>Tenant #1's most recent service plan dated 3-27-19 reflected Tenant #1 used a wheelchair and assistance of one. The service plan did not include Tenant #1's current transfer status of two or three assist, the use of a high back wheelchair, toileting cares on third shift in bed, the reddened area on Tenant #1's buttocks and repositioning or the increased frequency of hospice HHA services to three times per week.</p> <p>2. Observation on 6-12-19 at 7:43 a.m. revealed</p>	A 083		

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A 083	<p>Continued From page 33</p> <p>Tenant #2 seated at the table utilizing a divided plate at breakfast. The tenant's service plan dated 8-7-18 reflected she was independent with meals and eating and drinking when finger foods were provided. Tenant #2 had difficulty with silverware and required staff assistance with foods that required silverware. The service plan did not reflect the use of the divided plate.</p> <p>3. Review of Tenant #3's file on 6-11-19 and 6-12-19 revealed she received hospice services.</p> <p>On 6-11-19 at 4:20 p.m. Hospice Nurse #1 revealed Tenant #3 received HHA services three times per week.</p> <p>On 6-13-19 at 1:58 p.m. the Manager stated at times Tenant #3's family was present to assist with feeding at lunch.</p> <p>A Hospice Nursing Assessment dated 5-17-19 reflected the greatest concern for the visit on 5-17-19 was a weight loss of seven pounds. The prior Nursing Assessment indicated Tenant #3 weighed 105 pounds and the Nursing Assessment dated 5-17-19 reflected a weight of 98 pounds. The Hospice Nursing Assessment dated 5-17-19 reflected Tenant #3 had a "significant wt loss" and had lost seven pounds since 5-8-19.</p> <p>The tenant's service plan dated 3-20-19 was not updated as needed to reflect significant weight loss, family assistance with feeding at times and the increased frequency of Hospice HHA services.</p> <p>4. Observation on 6-12-19 at 7:47 a.m. revealed Tenant #5 seated at the dining room table utilizing a divided plate and adaptive silverware.</p>	A 083			

DEPARTMENT OF INSPECTIONS AND APPEALS

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  <b>C</b> <b>06/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 W 46TH ST</b> <b>DAVENPORT, IA 52806</b>		
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A 083	<p>Continued From page 34</p> <p>Review of Tenant #5's file on 6-12-19 revealed an Occupancy Agreement indicating charges per night and "therapeutic leaves" which began on 3-26-19. Documentation from the Program indicated Tenant #5's family signed a Respite Care Log when Tenant #5 left the Program with the expected number of nights stay indicated. Per Program documentation Tenant #5 was at the Program 18 days in April.</p> <p>On 6-12-19 at 11:51 a.m. the Manager reported Tenant #5 was regularly there four times per week and about half of that time she slept at the Program. The Manager said Tenant #5 did not receive any medications administered by staff.</p> <p>The tenant's service plan did not reflect "therapeutic leaves" and the fact she did not continuously reside at the Program. The service plan also did reflect the use of the divided plate and adaptive silverware at meals.</p> <p>5. Observation on 6-13-19 at 3:50 p.m. indicated Staff B and Staff H repositioned Tenant #6 in bed. An alternating pressure mattress was noted on Tenant #6's bed and she was wearing pressure relief boots.</p> <p>When interviewed on 6-13-19 at approximately 1:15 p.m. Hospice Nurse #2 indicated Tenant #6 was non-ambulatory, did not get out of bed, pocketed food and was incontinent of bladder and bowel. Tenant #6 received a bed bath twice per week and staff was to reposition every two hours and provide oral swabs of her mouth. Tenant #6 had liquid medications administered. Tenant #6 had a stage III pressure ulcer on her coccyx and hospice provided daily dressing changes of the wound. Tenant #6 also had a blister on the right</p>	A 083		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 083	Continued From page 35  knee and a blister on the left buttock that were both healed.  Hospice Interdisciplinary Team Notes between 4-30-19 and 6-12-19 documented the care and treatment of the tenant's wounds.  The tenant's service plan (undated and unsigned) did not reflect changes in cares including not getting out of bed, wounds including a stage III wound and daily wound treatment by hospice, bathing, dressing, the increased frequency of hospice services, oral cares, changes with eating and meals, and the use of an alternating pressure mattress and pressure relief boots.  6. When interviewed on 6-13-19 at 1:58 p.m. the Manager revealed all service plan documents requested for the tenants noted above were provided.	A 083		
A 086	481-69.26(3)a Service Plans  481-69.26(231C) Service plans. 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.  a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.	A 086		

DEPARTMENT OF INSPECTIONS AND APPEALS

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  <b>C</b> <b>06/19/2019</b>
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A 086	<p>Continued From page 36</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans updated due to significant change were signed and dated by all parties for 4 of 6 current tenants reviewed (Tenants #1, #4, #5 and #6). Findings follow:</p> <p>1. Review of Tenant #1's file revealed a Comprehensive Assessment dated 3-27-19 indicating a change of condition evaluation was completed for a hospice referral, functional change and request of a waiver of administrative rule. The service plan was signed by the Manager on 3-31-19; however, was not signed by a health or human service professional.</p> <p>2. Review of Tenant #4's file revealed the service plan was updated on 5-15-19 for a urinary tract infection and antibiotic. The Manager and Tenant #4's family signed the plan; however, it was not signed by a health or human service professional.</p> <p>3. Review of Tenant #5's file revealed the service plan was updated for a 30 day review and the physical therapy/occupational therapy referral. The service plan was signed by the Manager on 4-25-19 and Tenant #5's family on 4-28-19; however, was not signed by a health or human service professional.</p> <p>4. Review of Tenant #6's file revealed the most current evaluation was completed by the Program on 9-21-18 due to change in care. The most current service plan was undated and unsigned.</p> <p>5. When interviewed on 6-13-19 at 1:58 p.m. the Manager revealed all service plan documents requested for the tenants noted above were</p>	A 086		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 086	Continued From page 37  provided. She confirmed she was not a health or human services professional.	A 086		
A 154	481-69.35(1)b Structural Requirements  481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to maintain the building in a well-maintained, clean and sanitary condition. This potentially affected all tenants (census of 23). Findings follow:  Observation on 6-11-19 at approximately 11:30 a.m. revealed the Program had a front building (sides A-B) and a back building (sides C-D) with a courtyard separating the two buildings. There were two laundry rooms in the A-B building and two laundry rooms in the C-D building. The laundry room located in the B side of the front building had a dryer; however, no washing machine. The area on the floor next to the dryer in the B side laundry room was not clean and was soiled with a substance that was white, gray and brown in color when observed.  Observation on 6-12-19 at approximately 7:43 a.m. and 8:14 a.m. revealed a small sofa located in the A side living area was heavily stained and soiled including both back and seat cushions.  When interviewed on 6-11-19 at approximately 11:30 a.m. and 12:20 p.m. and on 6-13-19 at 1:58	A 154		

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A 154	<p>Continued From page 38</p> <p>p.m. the Manager revealed the washing machine on the B side of the building stopped working approximately one month ago. The Program had decided to get a new washer and dryer set. The furniture was last cleaned in the spring of 2019.</p> <p>On 6-19-19 at the time of the exit meeting the Manager reported the floor on the B side laundry room had been cleaned and the substance was scraped off of the floor. The sofa was scheduled to be cleaned on 6-20-19.</p> <p>Observation on 6-19-19 at 2:51 p.m. revealed it appeared an attempt to clean the floor in the B side laundry room floor was made; however, the substance was still present on the laundry room floor.</p>	A 154			



✓  
8/20/19

OK  
8/17/19

August 6, 2019

Country Manor Complaint visit 6/10/19 – 6/19/19

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

To Whom It May Concern,

Please consider this our plan of correction for the regulatory insufficiency cited during 6/10/19 – 6/19/19 complaint visit completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapter 481-69, pertaining to regulatory insufficiencies.

**481-67.2 Program policies and procedures  
A003**

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.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
  - a. Resident medication will be stored appropriately and are available for administration.
2. **What measures will be taken to ensure the problem does not recur?**
  - a. HCC, Manager or designee completed training with staff 6/21/19 regarding notification of unavailable medications and appropriate storage of medications.
  - b. Meeting with Hospice provider(s) has been held to address the expectation of Physician clarification of medications and providing medications timely.
3. **How the program plans to monitor performance to ensure compliance.**
  - a. HCC, Manager or designee will review EMAR for unavailable medications daily for eight weeks and then as scheduled by the Manager, HCC or designee.





- b. HCC, Manager or designee will spot check medication cart to ensure medications are secure with lock engaged daily for three weeks and then as scheduled by the Manager, HCC or designee.
- c. Physician and family notifications of unavailable medications will be documented timely.

**4. Date by which the regulatory insufficiency will be corrected?**

- a. Regulatory Insufficiency will be corrected by 8/19/19.

**481-67.3(2) Tenant Rights**

**A013**

481-67.3 Tenant rights. All tenants have the following rights:

67.3(2) To receive care, treatment and services which are adequate and appropriate.

**1. Elements detailing how the program will correct the regulatory insufficiency.**

- a. Resident services provided will be documented.

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

- a. HCC, Manager or designee has completed training with staff 6/21/19 regarding documentation of services provided.

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

- a. HCC, Manager or designee will review POC documentation for missing documentation daily for eight weeks and then as scheduled by the Manager, HCC or designee.

**4. Date by which the regulatory insufficiency will be corrected?**

- a. Regulatory Insufficiency will be corrected by 8/19/19.

**481-67.9(4)a Staffing**

**A058**

481-67.9(231B,231C,231D) Staffing.

67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants.

Nurse delegation shall, at a minimum, include the following:

- a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.

**1. Elements detailing how the program will correct the regulatory insufficiency.**

- a. HCC will complete delegations within 60 days for all staff providing services to residents.



2. **What measures will be taken to ensure the problem does not recur?**
  - a. HCC, Manager or designee will utilize a staff list to monitor and ensure all staff providing services have been delegated within 60 days of HCC beginning employment.
3. **How the program plans to monitor performance to ensure compliance.**
  - a. HCC, Manager or designee will review staff list weekly for eight weeks to ensure all staff have been delegated within 60 days of HCC beginning employment.
4. **Date by which the regulatory insufficiency will be corrected?**
  - a. Regulatory Insufficiency will be corrected by 8/19/19.

#### **481-67.9(4)b Staffing**

##### **A059**

481-67.9(231B,231C,231D) Staffing.

67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants.

Nurse delegation shall, at a minimum, include the following:

- b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).
1. **Elements detailing how the program will correct the regulatory insufficiency.**
    - a. HCC will sign all delegations at the time of delegation.
  2. **What measures will be taken to ensure the problem does not recur?**
    - a. HCC, Manager or designee will utilize a staff list to review and ensure all staff providing services have HCC signature on delegations.
  3. **How the program plans to monitor performance to ensure compliance.**
    - a. HCC, Manager or designee will review staff list weekly for eight weeks to ensure all staff delegations have been signed by HCC.
  4. **Date by which the regulatory insufficiency will be corrected?**
    - a. Regulatory Insufficiency will be corrected by 8/19/19.

#### **481-67.5(6)d Medications**

##### **A147**

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.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
  - a. Resident medications are available for administration. Medication carts have been reviewed and medications ordered and received.
2. **What measures will be taken to ensure the problem does not recur?**
  - a. HCC, Manager or designee completed training with staff 6/21/19 regarding notification of unavailable medications and EMAR documentation.
  - b. Meeting with Hospice provider(s) has been held to address the expectation of Physician clarification of medications and providing medications timely.
  - c. All staff administering medications will complete medication administration course to reinforce expectations regarding medication administration.
3. **How the program plans to monitor performance to ensure compliance.**
  - a. HCC, Manager or designee will review EMAR for unavailable medications daily for eight weeks and then as scheduled by the Program Manager, HCC or designee.
  - b. Physician and family notifications of unavailable medications will be documented timely.
4. **Date by which the regulatory insufficiency will be corrected?**
  - a. Regulatory Insufficiency will be corrected by 8/19/19.

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

##### **A037**

481-69.22(231C) Evaluation of tenant.

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 significant change.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
  - a. Resident COC has been completed and waiver request submitted and approval received.
2. **What measures will be taken to ensure the problem does not recur?**



- a. HCC, Manager or designee has completed training with staff 6/21/19 regarding notification Manager and HCC of noted significant changes with residents.
- b. HCC or designee will review current resident service plans and complete COC assessments for significant changes with residents and ensure waiver requests are submitted as needed.

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

- a. HCC, Manager or designee will review 4 service plans for accuracy weekly for three weeks and then as scheduled by the Program Manager, HCC or designee.

**4. Date by which the regulatory insufficiency will be corrected?**

- a. Regulatory Insufficiency will be corrected by 8/19/19.

**481-69.23(1)b Criteria for Admission/Retention of Tenants  
A039**

481-69.23(231C) Criteria for admission and retention of tenants.

69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:

- b. Requires routine, two-person assistance with standing, transfer or evacuation

**1. Elements detailing how the program will correct the regulatory insufficiency.**

- a. Resident COC has been completed and waiver request submitted and approval received.

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

- a. HCC or Manager will ensure waiver requests are submitted and DIA decision received as needed.

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

- a. HCC, Manager or designee will review four residents for level of care concerns weekly for three weeks and then as scheduled by the Program Manager, HCC or designee.

**4. Date by which the regulatory insufficiency will be corrected?**

- a. Regulatory Insufficiency will be corrected by 8/19/19.

**481-69.25(1)i Tenant Documents  
A071**

481-69.25(231C) Tenant documents.

69.25(1) Documentation for each tenant shall be maintained by the program and shall include:

- i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such



as those for treatment, therapy, and medication; and nurses' notes written by exception.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
  - a. HCC, Manager or designee are charting by exception.
2. **What measures will be taken to ensure the problem does not recur?**
  - a. HCC, Manager or designee will chart by exception.
3. **How the program plans to monitor performance to ensure compliance.**
  - a. HCC, Manager or designee will review a sample of completed charting weekly for four weeks.
4. **Date by which the regulatory insufficiency will be corrected?**
  - a. Regulatory Insufficiency will be corrected by 8/19/19.

#### **481-69.26(1) Service Plans**

##### **A083**

481-69.26(231C) Service plans.

69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
  - a. Resident concerns with service plans have been reviewed.
2. **What measures will be taken to ensure the problem does not recur?**
  - a. All current resident service plans will be reviewed for accuracy of services provided and equipment utilized.
3. **How the program plans to monitor performance to ensure compliance.**
  - a. HCC, Manager or designee will review four service plans weekly for eight weeks and then as scheduled by the Program Manager, HCC or designee.
4. **Date by which the regulatory insufficiency will be corrected?**
  - a. Regulatory Insufficiency will be corrected by 8/19/19.

#### **481-69.26(3)a Service Plans**

##### **A086**

481-69.26(231C) Service plans.



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.

a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.

**1. Elements detailing how the program will correct the regulatory insufficiency.**

a. Resident concerned service plans have been signed and dated.

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

a. Resident service plans will be signed and dated with each comprehensive assessment completed.

b. Signatures required will be communicated with responsible parties and documented as such until signatures are obtained.

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

a. HCC, Manager or designee will review 4 service plans for required signatures weekly for four weeks.

**4. Date by which the regulatory insufficiency will be corrected?**

a. Regulatory Insufficiency will be corrected by 8/19/19.

**481-69.35(1)b Structural Requirements**

**A154**

481-69.35(231C) Structural requirements.

69.35(1) General requirements.

b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

**1. Elements detailing how the program will correct the regulatory insufficiency.**

a. B side washing machine area has been cleaned.

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

a. HCC, Manager or designee will ensure community is well-maintained, clean, safe and sanitary.

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

a. HCC, Manager or designee will complete a walk through of community twice weekly for four weeks.

b. HCC, Manager or designee will note items requiring attention and will schedule appropriate servicing.

**4. Date by which the regulatory insufficiency will be corrected?**

a. Regulatory Insufficiency will be corrected by 8/19/19.



*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 conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.*

Thank you for your time and consideration in correcting these important matters.

Sincerely,

Miranda Kinsey  
Manager