

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/31/2020
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NAME OF PROVIDER OR SUPPLIER COUNTRY MEADOW PLACE, L L C	STREET ADDRESS, CITY, STATE, ZIP CODE 17396 KINGBIRD AVE MASON CITY, IA 50401
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>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: 17 Number of tenants with cognitive disorder: 31</p> <p>TOTAL Census of Assisted Living Program for People with Dementia : 48</p> <p>The following regulatory insufficiencies were cited during the investigation of Complaint # 94196-C and Complaint # 94966-C.</p>	A 000	<p>See attached document</p> <p>POC</p> <p>4/2/21</p>	
A 013	<p>481-67.3(2) Tenant Rights</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to offer adequate and appropriate treatment, services and care to 1 of 3 discharged tenants reviewed (Tenant C1). Findings include:</p> <p>Tenant C1 was admitted to the Program 6/13/19 with a diagnosis of hallucinations, hypertension, heart disease, hyperlipidemia, glaucoma, anorexia, Alzheimer's disease, and untreated breast cancer. On 8/4/20, Tenant C1 was scored at a 6 on the Global Deterioration Scale (GDS).</p>	A 013		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 013	<p>Continued From page 1</p> <p>Tenant C1's most recent service plan dated 11/5/20 revealed Tenant C1 was independent and needed only occasional prompting/assist for activities, bathing, grooming, dressing, eating, toileting. On 11/3/20, Tenant C1 was tested for COVID-19 and was noted to be positive on 11/5/20.</p> <p>When interviewed on 12/22/20 at 4:30 pm, Staff J reported Tenant C1 was basically independent. Tenant C1 did not want assistance from others. Staff J was not fully sure on incontinence, but noted if Tenant C1 did have concerns she had handled it herself. Staff J also indicated Tenant C1 held strong conversations with staff.</p> <p>When interviewed on 12/23/20 at 1:43 pm, Staff D described Tenant C1 as independent. She indicated Tenant C1 was not incontinent as far as she was aware and ate fine.</p> <p>When interviewed on 12/23/20 at 1:47 pm, Staff A described Tenant C1 as independent. She reported Tenant C1 liked to wander around a lot. Staff A stated staff did not help Tenant C1 with anything and they only verbally prompted her for meals.</p> <p>When interviewed on 12/23/20 at 10:24 am, Staff B described Tenant C1 as independent and reported staff only helped her with her medications. Staff B stated Tenant C1 had no incontinence issues and was always out and about. Tenant C1 frequently vacuumed or folded clothes. Staff B stated Tenant C1 had laid on the floor before to play with her baby dolls but less than a handful of times. Staff B added, Tenant C1 was always active.</p> <p>When interviewed on 12/23/20 at 10:24 am, Staff</p>	A 013		

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A 013	<p>Continued From page 2</p> <p>G stated Tenant C1 was independent and only required verbal prompts from staff to eat her meals.</p> <p>When interviewed on 12/22/20 at 1:58 pm, Staff F described Tenant C1 as independent and did not need assistance with toileting, eating or bathing. Staff F stated staff only assisted with verbal prompts to complete tasks.</p> <p>When interviewed on 12/22/20 at 2:31 pm, Staff E stated Tenant C1 was independent and occasionally needed staff to stand close by during bathing. Staff E stated Tenant C1 ate well and had no concerns with incontinence. Staff E had seen Tenant C1 get on the floor before to play with a baby doll.</p> <p>Record review of incident reports and interviews with staff described the following events for Tenant C1 on 11/14/20:</p> <p>a. At 1:00 a.m. during tenant room checks, Tenant C1 was discovered sitting on her floor. Tenant C1 had no injuries. Tenant C1's vitals were taken and were within normal limits. Staff assisted Tenant C1 back to bed and contacted Staff J who was on-call.</p> <p>One-hour head checks were completed with no nursing notes available.</p> <p>b. At 6:30 a.m. during tenant room checks, Tenant C1 was observed on her bedroom floor lying on her right side. Tenant C1 refused vitals to be taken.</p> <p>When interviewed on 12/22/20 at 1:58 p.m., Staff F stated she was one of the staff who completed</p>	A 013		

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A 013	<p>Continued From page 3</p> <p>the 6:00 a.m. head check on Tenant C1 with Staff B. Staff F reported Tenant C1 had no injuries and did not appear to be in distress. Tenant C1 was "soaked, visibly soaked." Staff B stated they attempted several times to assist the tenant with toileting but she refused. Staff B stated she took Tenant C1 breakfast and lunch but she refused to eat either one. Staff reported Tenant C1's condition to Staff J who was on-call.</p> <p>One-hour head checks were completed with no nursing notes available.</p> <p>c. On 11/14/20 at approximately 10:30 am, the Assistant Manager entered Tenant C1's room and observed her on the floor. The Assistant Manager observed Tenant C1 shaking. She retrieved Staff E to assist the tenant in standing. Staff got Tenant C1 up and sat her on her bed. Staff E took Tenant C1's vitals which were a temperature of 95 degrees Fahrenheit and an oxygen level of 92%. (According to mayoclinic.org, hypothermia occurs as your body temperature falls below 95 degrees Fahrenheit.) The Assistant Manager documented the vitals and left the room.</p> <p>When interviewed on 12/30/20 at 12:39 p.m., the Assistant Manager reported she assisted with COVID-19 monitoring on a regular basis. The Assistant Manager went room to room and took each tenant's temperature and oxygen level. She documented the numbers on a piece of paper and then someone else plugged them into the computer documentation system.</p> <p>When interviewed on 12/22/20 at 2:31 p.m., Staff E stated he attempted to toilet Tenant C1 due to her still being incontinent, but she resisted. Tenant C1 then lowered herself back to the floor. Staff E attempted several times later to toilet</p>	A 013		

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A 013	<p>Continued From page 4</p> <p>Tenant C1 but she resisted yelling: "Get out!"</p> <p>*One-hour head checks were completed with no nursing notes available.</p> <p>d. At 3:30 p.m. during tenant room checks, Tenant C1 was observed still on the floor. Tenant C1 had a bump and scrape to her forehead.</p> <p>When interviewed on 12/23/20 at 4:02 pm, Staff H stated when they entered the room and asked Tenant C1 if she wanted to get up she did not respond. Staff H touched her and Tenant C1 was cold. Tenant C1's color was pale and her lips were blue. Tenant C1 had a bump and abrasion to her head which Staff H was unsure how it had occurred. Staff H took Tenant C1's vitals and reported them to the paramedics when they arrived. Tenant C1's vitals were a temperature of 97.7 and an oxygen level of 93%. Staff H called Staff J to report the findings.</p> <p>When interviewed on 12/23/20 at 1:47 pm, Staff A stated she arrived for her shift early at around noon and saw Tenant C1 during the lunch pass. Tenant C1 was curled up in the fetal position on her floor and was incontinent. Staff A stated she attempted several times to get Tenant C1 to change her wet clothing but she resisted. Staff A stated she was present when staff did the 3:30 pm head check. They knew they needed to try to get her changed. Tenant C1 was no longer resistive but lethargic and mumbling. Staff A noted her color was more pale and her lips were blue. Staff got her up off the floor and placed her in a chair.</p> <p>When interviewed on 12/22/20 at 4:30 p.m., Staff J, who was on-call on 11/14/20, stated she received several calls regarding Tenant C1. Staff</p>	A 013		

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A 013	<p>Continued From page 5</p> <p>reported the 1:00 a.m. incident, the 6:30 am incident, and then staff called a 3rd time at approximately 3:40 pm. Staff J stated at 3:40 pm, staff reported the tenant was unresponsive and her lips were blue. Staff had taken her vitals and Staff J documented them and Tenant C1's description on an incident report. At 4:46 p.m., Staff J documented the incident in nurse's notes within electronic documentation. Staff J stated she contacted Tenant C1's physician who agreed Tenant C1 should be seen at the emergency room. Staff J then placed a call to Tenant C1's daughter to inform her of Tenant C1's condition and if she wanted her mother to be assessed at the emergency room due to her DNR status. The daughter wanted an emergency room assessment. Staff J called 911 at 4:10 pm.</p> <p>Record review revealed the emergency room triage report dated 11/14/20 at 5:02 pm, revealed the following: "Patient is minimally responsive and nonverbal upon arrival. Patient appears to be unkempt on the physical exam. She also has large amounts of dry mucus in both her nares. Patient has a large bruise on the left side of the forehead with quite a bit of ecchymosis and swelling. Rest of the history is limited due to the patient's clinical condition. Patient was also apparently incontinent. The hospital history/physical listed the following as Tenant C1's assessment:</p> <p>Acute</p> <ol style="list-style-type: none"> 1.) Septic shock secondary to COVID-19 versus unknown etiology 2.) Acute encephalopathy likely secondary to #1 3.) Hypothermia 4.) Malnutrition with protein deficiency 	A 013		

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A 013	<p>Continued From page 6</p> <p>When interviewed on 12/22/20 at 11:00 a.m., a registered nurse (RN) who worked with Tenant C1 upon initial assessment in the emergency room described Tenant C1's condition as "bad." The RN stated Tenant C1 was very cold to the touch and very wet all over her clothing. Tenant C1 had a rash all over her body (which was a treated condition at the program according to physician's notes), her lips were extremely dry and cracked, and her nose was completely plugged with dry mucous. The RN stated hospital staff could not obtain a temperature or begin an IV until the patient was warm. The RN stated it took staff several hours of warming using warm liquids and a bear hugger to get the patient's body temperature improved. At 6:47 pm, a core body temperature using a rectal probe was obtained at 86.5 degrees Fahrenheit.</p> <p>Per staff interviews, Tenant C1 was normally independent with personal care needs besides occasional verbal prompting. On 11/14/20, Tenant C1 was not at baseline and presented out of the ordinary symptoms. Tenant had COVID-19. Tenant C1 laid on the floor off and on from 1:00 am to 3:30 pm. Tenant C1 laid in incontinent clothing from 6:00 a.m. to 3:30 p.m. Tenant C1 also ate no breakfast and no lunch. At no time during the day did a registered nurse come to the Program to assess the tenant, nor was Tenant #1's physician contacted to inquire about instruction until 3:40 pm.</p> <p>On 12/31/20 at 9:00 am, the Director and Clinical Quality Manager confirmed the above findings.</p>	A 013		
A 089	<p>481-69.26(4)a Service Plans</p> <p>481-69.26(231C) Service plans.</p>	A 089		

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A 089	<p>Continued From page 7</p> <p>69.26(4) The service plan shall be 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, Program staff failed to follow the preferences for assistance identified on the service plan for 1 out of 3 discharged residents reviewed (Tenant C2) Findings include:</p> <p>Tenant C2 was admitted on 10/9/20 with a diagnosis of dementia, major depressive disorder, dissociative/conversion disorder, sleep disorder, GERD, restlessness, agitation and edema. Tenant C2 scored a 5 on the Global Deteriation Scale on 10/9/20. Tenant C2's service plan dated 10/9/20 revealed the following preference for assistance: "Tenant wishes to be neatly groomed and all personal hygiene needs met."</p> <p>A review of Tenant C2's physician report dated 10/28/20 revealed the following notation of Tenant C2's condition during his physical examination: "He had dried egg or food particles matted in his beard and his mustache. He also had matted egg/food on his hands. His clothing was dirty and unkept."</p> <p>When interviewed on 12/31/20 at 8:37 am, the Program Housekeeper who took tenants on appointments when family or caretakers were unavailable, stated she took Tenant C2 to a</p>	A 089		

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A 089	<p>Continued From page 8</p> <p>doctor appointment on 10/28/20. The Housekeeper stated Tenant C2 due to the tenant's past vocation he often wanted lots of details such as addresses and names when going places. The Housekeeper added that Tenant C2 was not aggressive that day but maybe somewhat confused which was normal.</p> <p>Staff failed to follow Tenant C2's preferences for assistance as indicated in his individualized service plan.</p> <p>On 12/31/20 at 9:00 am, the Director and Clinical Quality Manager confirmed the above finding.</p>	A 089		

Country Meadow Place
17369 Kingbird Ave, Mason City, IA 50401

Date: 3/10/21

Complaint Intake #: Complaint # 94196-C and Complaint # 94966-C.

Plan of Correction (POC) Submitted For:

- Investigation Date: December 2020
- Monitors: Dr. Stephanie Radabaugh

POC:

a. **A103**

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.

i. **Program POC:**

1. Elements detailing how this was corrected for residents:
 - a. Community has implemented routine procedures regarding notification to nurse and unusual resident occurrences.
2. Actions program taking to protect tenants in similar situations:
 - a. 12/11/2020 the community held all staff meeting for education on incident reports and timely reporting to the nurse for unusual resident occurrences.
 - b. 12/11/2020 the community provided education on when to call nurse vs writing notes to nurse
 - c. The community implemented "Staff to RN Communication" forms
3. Measures taken to ensure problem does not recur:
 - a. Nurse reviews "Staff to RN Communication" and incident forms routinely and as needed
 - b. Staff were re-educated on normal vs abnormal vital signs at all staff on 12/29/20
 - c. Nurse, Director or designee participates in shift change reports daily
 - d. All staff attended skills fair in January 2021 pertaining to ADL's and cares and vital sign taking
4. Program plans to monitor performance to ensure compliance:
 - a. Director, Nurse or designee to review vital signs recorded in PCC daily, weekly, monthly or as needed.

POC:

A 089 481-69.26(4)a Service Plans

ii. **Program POC:**

1. Elements detailing how this was corrected for residents:
 - a. Community has implemented routine procedures regarding notification to nurse and unusual resident occurrences including refusal of cares
2. Actions program taking to protect tenants in similar situations:
 - a. 12/11/2020 the community held all staff meeting for education on incident reports and timely reporting to the nurse for unusual resident occurrences including refusal of cares
 - b. 12/11/2020 the community provided education on when to call nurse vs writing notes to nurse
 - c. The community implemented “Staff to RN Communication” forms
3. Measures taken to ensure problem does not recur:
 - a. Nurse reviews “Staff to RN Communication” and incident forms routinely and as needed
 - b. All staff attended skills fair in January 2021 pertaining to ADL’s and cares and vital sign taking.
 - c. Dementia Inservice planned for March of 2021 to outline handling refusals and combative behavior
4. Program plans to monitor performance to ensure compliance:
 - a. Continued training will be done on communicating with the nurse during onboarding new staff, annually and as needed

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.