

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Adult Services Civil Penalty Citation**

<b>Date:</b> October 16, 2017
<b>Program Name:</b> Swan Place
<b>Address:</b> 1024 E. 12 <sup>th</sup> Street Carroll, IA 51401
<b>Type of Action:</b> Recertification Visit and Complaint Investigations
<b>Date(s) of Action:</b> September 6, 2017 – September 18, 2017

State Rule #	State Rule	Amount of Civil Penalty
69.26(4)a	<p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>a. <u>The tenant's identified needs and preferences for assistance</u></p> <p>Based on interviews and record reviews, the program failed to address need areas in service plans for 3 of 16 current and former tenants reviewed (Tenant #7, Tenant #8 and former Tenant C1). Findings include:</p> <p>1. Tenant #7 was admitted to the program in September 2016. Resident Service Notes dated 6/10/17 revealed Tenant #7 fell in his/her apartment resulting in a fractured hip. The tenant was admitted to the hospital for hip repair. On 6/29/17, Tenant #7 returned from the hospital and a note was posted in the communication log for staff to follow regarding post-surgery care. The staff directives included: "gait belt, walker and assist of one for transfers and ambulation (even in room)." The hospital discharge note ordered Tenant #7 to receive assisted transfers until improved with therapy.</p> <p>A document dated 7/18/17 from a home health agency titled Regular Visit noted Tenant #7 had two recent falls in his/her apartment post hip surgery. The report stated Tenant #7 now required total assistance with getting dressed in the AM, applying compression stockings, walking to the bathroom and walking to the dining room. The facility RN reported the patient continued to be non-compliant with calling for assistance.</p> <p>The service plan summary dated 6/24/17 read: "[Tenant #7] is able to ambulate independently. [He/she] understands to call for assistance at any time [he/she] feels unsafe. [Tenant #7] is able to transfer [himself/herself] independently. [Tenant #7] occasionally uses a cane for short distances. [Tenant #7] reports using a walker per [his/her] comfort level. [Tenant #7] is able to independently dress and groom [himself/herself]. [Tenant #7] is able to use the bathroom independently without assistance." The service plan was not amended to include any of the post-operative care instructions or the fact the tenant required assistance with dressing and ambulation. In addition, the service plan noted previous falls on 10/27/16, 11/1/16, 12/23/16, 2/11/17 twice, 3/2/17, 3/5/17, 3/21/17, 3/29/17 and 5/11/17. No interventions to decrease falls were included in the plan and there was no reference to the tenant's non-compliance with calling for</p>	<b>\$1000.00</b>

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	<p>assistance.</p> <p>2. Tenant #8 was admitted to the program in May 2017. A review of Resident Service Notes revealed the following entries:</p> <ul style="list-style-type: none"><li>- 6/1/17 Tenant #8 was trying to hug and smooch staff.</li><li>- 6/6/17 Tenant #8 was holding hands and hugging another tenant in his/her room</li><li>- 8/3/17 Another tenant reported Tenant #8 bothered him/her by rubbing his/her arm during a van ride.</li><li>- 8/3/17 The Care Service Director noted she reminded the tenant of the "hands off policy," but staff would have to remind him/her on occasion due to dementia</li></ul> <p>On 9/14/17 at 9:07 AM, Staff F stated Tenant #8 sometimes grabbed staff and asked to kiss them.</p> <p>On 9/14/17 at 8:36 AM, Staff D stated she has heard other staff tell stories about Tenant #8 grabbing them.</p> <p>Tenant #8's service plan summary, last reviewed 6/25/17, did not contain any information or interventions regarding Tenant #8's inappropriate behaviors.</p> <p>3. On 9/25/17 at 12:30 PM, Staff E stated Tenant C1 frequently fought with staff when asked to shower, toilet, change clothes or even get up out of bed. Tenant C1 often slapped and hit staff. Staff E said it was not uncommon for Tenant C1 to stay in bed and sleep for days at a time and only get up to toilet or eat. The tenant did not use a pendant or know how to pull a call light, so staff had to go in and check on him/her every 2 hours for toileting prompts.</p> <p>On 9/25/17 at 3:11 PM, Staff B stated Tenant C1 often refused to let staff assist him/her. Tenant C1 often hit and slapped staff during showers. Staff B added it was not unusual for Tenant C1 to sleep all day long and hit staff when they attempted to prompt him/her to get up and get dressed.</p> <p>On 9/26/17 at 11:25 AM, Staff F stated Tenant C1 was combative with cares. The tenant often wanted to sleep all day long and fought staff when prompted to get up for toileting or getting dressed. Staff F added Tenant C1 did not have the cognitive abilities to pull his/her call light so staff checked in on him/her off and on.</p> <p>On 9/26/17 at 1:58 PM, Staff H stated Tenant C1 was almost always combative with cares. Staff H stated Tenant C1 may have pulled his/her light on occasion but had no idea what the light meant. She stated the tenant required staff prompting to use the restroom and often refused assistance with toileting.</p> <p>On 9/26/17 at 2:15 PM, Staff G stated Tenant C1 did not understand what pulling a light for help meant. Staff G added that Tenant C1 was often combative with cares and it was not unusual for Tenant C1 to sleep for several days straight without hardly getting up out of bed.</p>	
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	<p>On 9/26/17 at 3:00 PM, Staff I stated Tenant C1 did not know how to pull a call light for assistance.</p> <p>On 9/21/17 during a confidential family interview, it was stated Tenant C1 did not have the cognitive abilities to understand what a call light was for.</p> <p>A review of Tenant C1's last service plan summary dated 2/23/17 revealed no information or interventions regarding combative behaviors towards staff. The service plan indicated Tenant C1 was independent with toileting and revealed no information or interventions regarding a timeline/schedule for toileting prompts or the documentation of toileting refusals. In addition, the care plan mentioned at least two times that the tenant can call for assistance if he/she felt it was needed. Interviews revealed the tenant was not cognitively able to utilize a call system to request assistance.</p> <p>A review of the program's "Care Plan" policy revealed the following information: "Each resident should receive service and supervision based upon the resident's individual needs and preferences. These needs and preferences should be determined through the initial assessment and service planning process in the resident's care plan. The provision of services to residents can include: basic or core services provided to all residents and supplemental services to meet the needs and preferences of individual residents."</p> <p>On 9/27/17 at 3:00 PM, the Area Executive Director, the Executive Director and the Regional Director of Care Services confirmed the above findings.</p>	
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