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10/31/17

PRINTED: 10/16/2017  
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SWAN PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1024 E 12TH STREET CARROLL, IA 51401</b>
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A 000	<p><b>481-67 Initial Comments</b></p> <p>Assisted Living Programs are defined by the type of population served. The census numbers were provided by the program at the time of the on-site.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 51</p> <p>Number of tenants with cognitive disorder: 2</p> <p>Total population of program at time of on-site: 53</p> <p>Total census of Assisted Living Program: 53</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program as well as the investigations of Complaints 69717-C, 70117-C, 70120-C, 70256-C and 68276-C.</p>	A 000		
A 012	<p><b>481-67.3(1) Tenant Rights</b></p> <p>481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the program failed to ensure at least 3 of 16 tenants reviewed were treated with consideration, respect and full recognition of personal dignity. Findings include:</p>	A 012	<p><i>see attached Plan of Correction</i></p> <p><i>[Signature]</i></p>	

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

TITLE

(X6) DATE

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A 012	<p>Continued From page 1</p> <p>A review of program policies revealed a policy titled "General Guidelines for Resident Care." The policy contained the following statement: "Staff will be trained on implementing and supporting the principles of choice, dignity, privacy, independence, individuality and a home-like setting, during new employee training and an on-going basis." A second policy titled "Resident Rights" contained the following statement: "Employees will honor each resident as an individual, treating them with respect and dignity at all times."</p> <p>On 9/13/17 at 10:24 AM, Tenant #6 stated the Care Services Manager had a concern with Tenant #6 continuing to self-administer his/her medications in April 2017. Tenant #6 stated the Care Services Manager used a program key and entered Tenant #6's apartment without his/her permission or approval from the family when the tenant was hospitalized. Tenant #6 returned from the hospital and was told by the Care Services Manager that he/she would no longer be allowed to self-administer medications. Tenant #6 stated he/she felt belittled and upset by the way the Care Services Manager told him/her this information. Tenant #6 stated the decision to take away the right to self-administer medications was done without any assessment being completed by the Care Services Manager.</p> <p>On 9/19/17 at 10:12 AM, Staff E stated that in June of 2017, she responded to a call light in Tenant #15's apartment. The tenant was very upset. Tenant #15's spouse, who was in the end stages of cancer, was leaving large blood clots in the bathroom on this day. Although this was common with this form of cancer, Tenant #15</p>	A 012		

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A 012	<p>Continued From page 2</p> <p>was extremely upset and shaken. Tenant #15 wanted emergency services to be called. Staff E paged the Care Services Manager to the apartment. Staff E observed Tenant #15 request the doctor be called. Staff E observed the Care Services Manager respond: "There's no reason to act this way. I'm the nurse and you will listen to what I say." The Care Services Manager did not call the emergency services personnel but did however contact hospice. Staff E stated she was shocked by the way the tenant was spoken to. Staff E stated Resident #15 would likely not remember this incident due to the length of time that had passed. In interview, Tenant #15 stated he/she had no concerns at this time.</p> <p>On 9/14/17 at 9:15 AM, Staff G stated she felt the Care Services Manager belittled both tenants and staff on a regular basis.</p> <p>On 9/26/17 at 12:44 PM, an interview with an anonymous family member revealed that several times when returning from a medical appointment with the tenant, he/she attempted to give physician's orders to the Care Services Manager who stated she would not follow the orders and would do things her way.</p> <p>On 9/20/17 at 10:25 AM, the Care Services Manager stated she was not aware of any incidents when tenants felt like she belittled them. She hoped if she had done so, the individual would have said something so that she could have apologized. She confirmed she went into the apartment of Tenant #6 without asking permission. She stated she had entered the apartment to look at the tenant's medications and report to his/her physician.</p>	A 012			

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A 012	Continued From page 3  On 9/19/17 at 2 PM, the Executive Director stated she was made aware of the concerns with the Care Services Manager shortly after she was hired in March/April 2017 and was actively working on the issues.	A 012		
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 interviews the program failed to ensure staff had access to tenant information in order to provide care, treatment and services that were adequate and appropriate. Findings include:  On 9/14/17 at 8:36 AM, Staff D stated she was not sure what service plans were for and that she knew how to work with tenants by watching others and taking notes.  On 9/14/17 at 9:07 AM, Staff F stated staff did not use service plans anymore. The tenant charts were kept in the Care Services Manager's office. If the Care Services Manager was gone, there was no access to charts or tenant information. Staff had task sheets regarding basic needs of tenants.  On 9/14/17 at 9:51 AM, Staff G stated staff generally had no access to face sheets or service	A 013		

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A 013	<p>Continued From page 4</p> <p>plans. If there was an emergency or a question about a physician's order and the Care Services Manager was not in the building, staff could not look up the information.</p> <p>On 9/19/17 at 10:12 AM, Staff E stated staff were not allowed to review service plans anymore.</p> <p>On 9/20/17 at 10:25 AM, the Care Services Manager confirmed tenant charts and service plans were kept in her office.</p> <p>A review of the program's "General Guidelines for Resident Care" policy revealed the following information: "Staff will be trained on implementing and supporting the principles of choice, dignity, privacy, independence, individuality and a home-like setting, during new employee training and on an on-going basis. Staff will review the resident care plan to determine the type of assistance the resident requires or prefers."</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>	A 013		
A 058	<p>481-67.9(4)a 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>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</p>	A 058		

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A 058	<p>Continued From page 5</p> <p>sufficiently trained and competent in all tasks that are assigned or delegated.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the program's registered nurse failed to ensure 3 of 3 staff reviewed were sufficiently trained and competent to provide services within 60 days of beginning employment (Staff G, H and J). Findings include:</p> <p>Record review revealed the Care Services Manager (delegating registered nurse) was hired on 1/1/17. Staff G, H and J were employed at the program at that time. A review of their personnel records revealed no documented nurse delegation reviews completed by the Care Services Manager within 60 days of her employment.</p> <p>A review of the program's "Nursing Delegation" policy revealed the following statement: "A newly hired Care Services Manager shall, within 60 days of beginning employment at the Community, document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated."</p> <p>On 9/20/17 at 10:25 AM, the Care Services Manager stated she was unaware all staff delegations needed to be reviewed within the first 60 days of her employment. The Care Services Manager stated she only completed delegations</p>	A 058		

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A 058	Continued From page 6 on new staff hired after January 2017.	A 058		
A 060	<p>481-67.9(4)c 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>c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, the program failed to ensure all non-certified staff received training regarding all activities of daily living. Findings include:</p> <p>On 9/14/17 at 8:36 AM, Staff D stated she had difficulty assisting tenants put on compression stockings. Staff D confirmed she had not received training regarding these types of stockings.</p> <p>On 9/18/17, a review of the program's Shift Task Sheets revealed Tenant #7, Tenant #10 and Tenant #11 required staff to put their compression stockings on for them. A review of the program's "Nursing Delegation" policy revealed the following statement: "Training for non-certified staff shall include the provision of activities of daily living."</p>	A 060		

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A 060	Continued From page 7  On 9/20/17 at 10:25 AM, the Care Services Manager confirmed she had never instructed staff on proper procedures for compression stockings.	A 060		
A 061	481-67.9(4)d 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.  This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the program failed to ensure all certified and non-certified staff received necessary training regarding service plan tasks. Findings include:  On 9/13/17 at 1:30 PM a group tenant meeting was held at the program. During the open forum an anonymous tenant brought up concerns regarding his/her oxygen. The tenant stated there had been a time when the electricity went out and he/she needed to switch to a portable tank. Another time the oxygen level was wrong and needed to be adjusted. The tenant was concerned because available staff were unable	A 061		

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A 061	Continued From page 8  to help during both of these instances as they were not trained to assist with oxygen.  On 9/14/17 a review of the program's Shift Task Sheets and service plans revealed Tenants #8, #12, #13 and #14 all used oxygen therapy. A review of the program's "Nursing Delegation" policy revealed the following statement: "Certified and non-certified staff shall receive training regarding service plan tasks (wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directive and the acuity of the tenants' health, cognitive and functional status."  On 9/14/17 at 10 AM, the Regional Director of Care Services indicated only certified staff were trained on oxygen therapy. The Regional Director of Care was willing to include non-certified staff in oxygen therapy training if needed.	A 061			
A 149	481-67.9(6) Staffing  481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.  This REQUIREMENT is not met as evidenced by: Based on interviews and record review the program failed to ensure 2 of 8 staff reviewed had completed the two hours of training required for the identification and reporting of dependent adult abuse within six months of employment as required by Chapter 235B (Staff A, Staff B).	A 149			

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A 149	<p>Continued From page 9</p> <p>Findings include:</p> <p>Chapter 235B requires that employees complete two hours of training related to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum.</p> <p>On 9/12/17 personnel record review revealed Staff A's date of employment was 11/23/16. Record of Staff A completing two hours of training required for the identification and reporting of dependent adult abuse within six months of employment could not be located.</p> <p>On 9/12/17 personnel record review revealed Staff B's date of employment was 11/29/16. Record of Staff B completing two hours of training required for the identification and reporting of dependent adult abuse within six months of employment could not be located.</p> <p>On 9/13/17 at 8:40 AM, the Regional Quality Control Director confirmed these findings and indicated the two hours of training had not been done.</p>	A 149		
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</p>	A 037		

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A 037	<p>Continued From page 10</p> <p>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 interviews and record reviews, the program failed to ensure 3 of 16 tenants reviewed were evaluated using a cognitive, functional and health status assessment after a significant change (Tenants #3, #6 and #7). Findings include:</p> <p>Review of Tenant #3's record revealed a Resident Service Notes dated 8/15/17 indicating Tenant #3 was admitted to the hospital due to a change in behavior and health status. Resident Service Notes dated 8/18/17 documented Tenant #3's discharge from the hospital and return to the program. The record lacked any cognitive, functional or health status evaluation completed on Tenant #3 after this hospitalization.</p> <p>Review of Tenant #6's record revealed he/she was admitted to the hospital on 4/30/17 due to migraine and stroke-like symptoms. Resident Service Notes revealed the tenant returned back to the program on 5/1/17. Upon return, Tenant #6 was told he/she would no longer be allowed to self-administer medications until his/her health</p>	A 037		

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A 037	<p>Continued From page 11</p> <p>concerns cleared up. The Care Services Manager obtained a physician order regarding this change. The record lacked any cognitive, functional or health status evaluation completed on Tenant #6 after this hospitalization including the change in medication administration.</p> <p>Review of Tenant #7's record revealed Tenant #7 fell and fractured his/her hip requiring hospitalization and surgery on 6/10/17. According to a memo and care note written by the Care Services Manager, Tenant #7 returned from the hospitalization on 6/29/17. The record lacked any cognitive, functional or health status evaluation completed on Tenant #7 after this hospitalization.</p> <p>A review of the program's "Resident Assessment - Iowa" policy revealed the following: "The community shall evaluate each prospective resident's functional, cognitive and health status prior to the resident's signing the residency agreement and taking occupancy. This evaluation shall be completed during the pre-move-in process, reviewed for any changes at move-in, and repeated within the first 30 days of occupancy, at significant change of condition, and every six months thereafter."</p> <p>On 9/20/17 at 10:25 AM, the Care Services Manager stated she did not realize the cognitive, functional and health evaluations needed to be completed after a hospitalization.</p>	A 037		
A 089	<p>481-69.26(4)a Service Plans</p> <p>481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and</p>	A 089		

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A 089	<p>Continued From page 12 preferences for assistance</p> <p>This REQUIREMENT is not met as evidenced by: 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.</p>	A 089			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SWAN PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1024 E 12TH STREET CARROLL, IA 51401</b>
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A 089	<p>Continued From page 13</p> <p>[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 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>	A 089		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2017</b>
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A 089	<p>Continued From page 14</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</p>	A 089		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2017</b>
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A 089	<p>Continued From page 15</p> <p>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> <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 could 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</p>	A 089		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 089	Continued From page 16  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."  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.	A 089		

dl  
10/31/17

October 23rd, 2017  
Ms. Linda Kellen, Bureau Chief  
Adult Services Bureau  
Iowa Department of Inspections and Appeals  
Lucas State Building  
321 East 12<sup>th</sup> Street  
Des Moines, IA 50319-0083

HEALTH FACILITIES  
OCT 26 2017

RE: Swan Place Plan of Correction

Dear Ms. Kellen

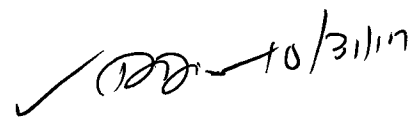
Enclosed is the required "Plan of Correction" regarding the Recertification Visit/Complaint Investigations Report at Swan Place which was conducted on September 6<sup>th</sup> – September 28<sup>th</sup>, 2017. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-67.3(1) – Tenant Rights

- The Care Services Manager is no longer employed at Swan place as of October 2<sup>nd</sup>, 2017.
- Currently have an interim CSM who completed the ICAL class in 2011.
- During monthly Resident Council Meetings, the Executive Director/Designee will specifically address residents being treated with consideration, respect and full recognition of personal dignity and encourage residents to bring any concerns to her attention immediately.
- During quarterly assessments the Care Services Manager/Designee will ask residents if they have any concerns and address them promptly working in conjunction with the Executive Director/Designee.

IAC r 481-67.3(2)- Tenant Rights

- The Care Services Manager is no longer employed at Swan place as of October 2<sup>nd</sup>, 2017.
- Currently have an interim CSM who completed the ICAL class in 2011.
- During monthly Resident Council Meetings, the Executive Director/Designee will specifically address the concern with residents receiving care, treatment and services which are adequate and appropriate and encourage residents to bring any concerns to her attention immediately.
- During quarterly assessments the Care Services Manager/Designee will review all cares with the resident and responsible party and ensure that proper cares are being provided.

 10/31/17

- Care plans and Tenant Charts will be accessible to all staff members in the charting room which is not locked.

#### IAC r 481-67.9(4)a- Staffing

- Current staff members will have training and a delegation review with the covering RN by November 17<sup>th</sup>, 2017.
- The Executive Director/Designee will conduct a monthly audit to ensure training requirements meet the Iowa Regulations for the next 6 months.
- When a new Care Services Manager is hired, the Regional Director of Care Services/Designee will educate them on the requirements of Delegation to staff within 60 days.

#### IAC r 481-67.9(4)c- Staffing

- A staff meeting will be held on November 1<sup>st</sup>, 2017 to train care staff on compression stockings.
- The Care Services Manager/Designee will conduct quarterly training with all care staff to review delegation/training of compression stockings.
- The Executive Director/Designee will review quarterly trainings to ensure completion for the next 3 quarters.

#### IAC r 481-67.9(4)d- Staffing

- A staff meeting will be held on November 1<sup>st</sup>, 2017 to train all staff on how to properly assist Tenants with Oxygen needs.
- The Care Services Manager/Designee will conduct quarterly training with all care staff to review delegation/training of Oxygen assistance.
- The Executive Director/Designee will review quarterly trainings to ensure completion for the next 3 quarters.

#### IAC r 481.67.9(6)- Staffing

- Current staff will receive Dependent Adult Abuse training by November 17<sup>th</sup>, 2017. This training will be held by the Regional Director of Care Services and Care Services Specialist.
- The Executive Director/Designee will conduct a quarterly audit to ensure compliance for the next two quarters and semiannually thereafter until the next Recertification Survey. .
- The Care Services Manager/Designee will hold a quarterly Dependent Adult Abuse training to ensure all new staff members are trained in the appropriate time frame.

#### IAC r 481.69.22(2)- Evaluation of Tenant

- The Care Services Specialist completed a physical, functional and cognitive assessment for Tenant # 7 on 9/19/2017. The Care plan was update on 9/19/2017 to reflect current needs.
- The Care Services Specialist will complete a physical, functional, and cognitive assessment for Tenant # 6 NLT October 27<sup>th</sup>, 2017. A Care plan will be update to reflect current needs at the same time.

- The Care Services Specialist and/or Regional Director of Care Services will conduct a physical, functional and cognitive assessment for Tenant # 3 NLT October 27<sup>th</sup>, 2017. A Care plan will be update to reflect current needs at the same time.
- The Care Services Manager is no longer employed as of October 2<sup>nd</sup>, 2017.
- Currently have an interim CSM who completed the ICAL class in 2011.
- The Regional Director of Care Services will educate the new CSM on the state regulations regarding Evaluation of Tenants.

IAC r 481.69.26(4)a- Service Plans

- The Care Services Specialist completed a physical, functional and cognitive assessment for Tenant # 7 on 9/19/2017. The Care plan was update on 9/19/2017 to reflect current needs.
- The Care Services Specialist and/or Regional Director of Care Services will conduct a physical, functional and cognitive assessment for Tenant # 8 NLT October 27<sup>th</sup>, 2017. A Care plan will be update to reflect current needs at the same time.
- Tenant C1 is no longer residing at Swan Place.
- Currently have an interim CSM who completed the ICAL class in 2011.
- The Care Services Manager is no longer employed as of October 2<sup>nd</sup>, 2017.
- The Regional Director of Care Services will educate the new CSM on the state regulations regarding Evaluation of Tenants.

Date of completion for the Plan of Correction is November 17th, 2017.

Sincerely,



Tami Kerkove-Kray,

Divisional Care Services Specialist/Swan Place