

✓ 13/10/20
JL
11/19/2019

PRINTED: 12/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALPD009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2019
NAME OF PROVIDER OR SUPPLIER COUNTRY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 900 W 46TH ST DAVENPORT, IA 52806		
(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)
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>Memory Care Unit</p> <p>Number of tenants without cognitive disorder: 4</p> <p>Number of tenants with cognitive disorder: 22</p> <p>TOTAL Census of Assisted Living Program for People with Dementia : 26</p> <p>The following deficiencies were cited during the investigation into Incident #86493-I:</p>		A 000	<p>See attached</p> <p>POC 11/20/20</p>
A 013	<p>481-67.3(2) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights:</p> <p>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 interviews and record review, the Program failed to consistently provide adequate services to meet identified tenant needs. This affected 1 of 1 tenant identified as a result of self-reported incident #86493-I. Finding Follows:</p> <p>Record review on 11/18/19 revealed Tenant #1's Progress Notes indicated Tenant #1 could not be located on 7/31/19 at 3:30 PM. After checking the community, the management, family, primary care provider and Davenport Police were notified. The patient was found near Theisen's on Kimberly Road in Davenport and returned to the</p>		A 013	

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>community. Upon return, it was noted Tenant #1 had abrasions to his right palm, the back of his right shoulder and his right knee.</p> <p>Tenant #1 lived in a program consisting of two buildings (a front building and a back building) connected by a courtyard which was all surrounded by a fence. Individuals entering the back building through the courtyard door could get in without a key or a code. Anyone needing to leave the building had to be let out by a staff member with a key.</p> <p>Tenant #1 had diagnoses including Wernicke's encephalopathy and hypertension. Tenant #1's service plan noted he had mild to moderate disorientation and required cueing and his comprehensive assessment scored him at a four (4) on the Global Deterioration Scale.</p> <p>According to Accuweather, on 7/31/19 there was a high of 82 degrees Farenheit. Tenant #1 was located about one and a half miles from the Program. He traveled on foot in the vicinity of Northwest Boulevard and West Kimberly Road, both heavily trafficked areas near a large shopping mall.</p> <p>When interviewed on 11/18/19 at 4:25 PM Staff C reported she completed activities with the tenants in the back building around 2:40 PM on 7/31/19. Tenant #1 participated in the activity when he became bored and walked off. Staff C stated when the activity ended, she went to return the residents to the front building and found the courtyard door to the back building propped open. She thought this occurred around 2:45 PM. Staff C stated she had seen the door propped open a few times that day. Staff C said it was not an unusual practice for staff to leave their keys in the lock of the courtyard door or leave the courtyard</p>	A 013		

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A 013	<p>Continued From Page 2</p> <p>door propped open when they took residents from one building to the other. She described this as happening up to six times a day or more.</p> <p>When interviewed on 11/19/19 at 8:05 AM Staff A reported seeing Tenant #1 at 2:54 PM on 7/31/19 when she briefly went to the back building where Tenant #1 resided.</p> <p>When interviewed on 11/18/19 at 4:10PM Staff D reported she went to work in the front building at 3:00 PM. Staff B worked a double shift and Staff D quickly went to the back building to talk with Staff B and agreed to work in the back building for Staff B. Staff D found the back door propped open at that time. Staff D returned to the back building around 3:30 PM to check on the tenants and could not find Tenant #1. According to an Incident Report completed by Staff B, she was cleaning a bathroom and was not aware Tenant #1 was missing until Staff D returned to the back building. Staff B was no longer employed at the program.</p> <p>On 11/18/19 at 2:45 PM, The Community Manager reported the Davenport Police responded on 7/31/19 to the report of the elopement and they believed the tenant eloped from the program via the courtyard based on broken branches on bushes. The police believed the tenant climbed on the bushes and then got over the fence. The Community Manager found this to be plausible. The Community Manager found Tenant #1 walking along Kimberly Road in Davenport at 6:42 PM near the Theisen's store. Kimberly Road is a seven lane road with a posted speed limit of 45 MPH. The Community Manager found Tenant #1 walking in the grass along the side of the road. She described him as confused when she picked him up and said he was going to see his sister.</p>	A 013		

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A 089	<p>Continued From Page 4</p> <p>was known to move or walk about an area without known purpose; looked for people, places or things; did exit seek; and was known to have a history of alcohol abuse.</p> <p>According to a Progress Note dated 7/31/19, Tenant #1 could not be located in the community at 3:30 PM. During an interview with the Community Manager on 11/18/19 at 2:45 PM, she stated Tenant #1 eloped from the program and was found at 6:42 PM walking along Kimberly Road, a seven lane road with a posted speed limit of 45 MPH.</p> <p>Tenant #1's service plan failed to include his exit seeking behavior.</p> <p>These findings were confirmed by the Community Manager on 11/19/19 at 9:05 AM.</p>	A 089		

January 3, 2020

Country Manor Complaint visit 11/18/19 – 11/19/19

Iowa Department of Inspection & Appeals
Catie Campbell
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 11/18/19 – 11/19/19 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.

481-67.3(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 reviewed for accuracy and documented.
- 2. What measures will be taken to ensure the problem does not recur?**
 - a. HCC, Manager or designee will complete training with all staff by 01/20/20 regarding documentation of services provided.
 - b. Stanley Door Alarm System was installed.
- 3. How the program plans to monitor performance to ensure compliance.**
 - a. HCC, Manager or designee will intentionally set door alarms off randomly twice a week for four weeks, to ensure functioning alarm system and staff response. HCC, Manager, or designee will document findings.
- 4. Date by which the regulatory insufficiency will be corrected.**
 - a. Regulatory Insufficiency will be corrected by 01/20/20.

✓ 2/3/20

481-69.26(1) Service Plans

A083

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 preferences for assistance

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 and new resident service plans will be reviewed for accuracy of services provided and equipment utilized.
b. Resident #1's service plan was updated on 08/01/19 to include elopement risk.
c. Resident #1 wears a Stanley System Wanderguard.

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

a. HCC, Manager or designee will review four service plans weekly for six 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 01/20/20.

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 Lewis

Manager