DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	230915	A. BUILDING: _____ B. WING _____	C 07/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCH I I	734 FIFTH AVENUE SOUTH CLINTON, IA 52733

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V 000	Initial Comments There were no deficiencies were cited during the onsite infection control survey completed on 7/12/21. There were no deficiencies cited during the investigation of Incident #97385-I. The following deficiencies were cited during the investigation into Incident #94391-I and Complaint #96957-C and the survey completed to determine licensing requirements for a 3-5 bed specialized license Residential Care Facility.	V 000	√9/14/21	
V 230	481-59.8(1) Baseline TB Screening Procedures for Resident 59.8(1) Baseline TB screening is a formal procedure to evaluate residents for LTBI and TB disease. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease, and (2) using the two-step TST procedure or a single IGRA to screen for infection with M. tuberculosis. If the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to complete baseline TB testing for 1 of 2	V 230	As of September 15, 2021 L'Arche Clinton will keep record of all resident's TB screenings for admission, ensuring that the two-step process is completed within 12 months of a resident's admittance. The Director of Residential Services will include the TB requirement in the quarterly paperwork audits for all residents. The Director of Residential Services will alert the coordinator if the second step of TB test is not complete. The Coordinator will ensure the two-step test to be scheduled and completed before 12 months after a resident's admittance with oversight from the Director of Residential Services.	

√9/10/21

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V 230	Continued From page 1 residents admitted since 2019 (Resident #2). Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using two step TST or a single IGRA to test for infection with M. tuberculosis. Findings include: Resident #2's file revealed an admission date of 11/11/19. The resident received the first step of the TST prior to admission, however an additional or second step TST could not be located. The Director of Community Services confirmed this finding on 7/6/21 at 11:00 AM.	V 230		
C 203	50.9(3) Background checks 481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks. 50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure background checks were	C 203	By September 15, 2021 L'Arche Clinton will require criminal, dependent adult abuse, and child abuse record checks are completed in full prior to the hiring of a new staff member. The Finance Coordinator/Office Manager, in conjunction with the Director of Community Services, will ensure all background checks are completed fully before a new employee is offered a position and signs new hire paperwork. A new hired employee is required to complete all background checks, first step of TB test and physical prior to hire.	

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C 203	Continued From page 2 completed prior to hire for 1 of 7 staff reviewed (Staff G). Findings follow: Record review on 6/29/21 revealed Staff G had a hire date of 11/13/19. Her criminal background check was not completed until 11/15/19. On 6/30/21 at 9:10 AM, the Director of Community Services reported this was an oversight.	C 203		
T 535	481-63.8(3) Personnel 63.8(3) Employee criminal record, child abuse and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 and rule 481-50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow the requirements for background checks found in Iowa Administrative code 481 - 50.9 for 1 of 7 employees reviewed (Staff G). The Director of Community Services confirmed this finding. See the deficiency under rule 50.9.	T 535	By September 15, 2021 L'Arche Clinton will require criminal, dependent adult abuse, and child abuse record checks are completed in full prior to the hiring of a new staff member. L'Arche Clinton shall comply with the requirements found in Iowa Code section 135C.33 and rule 481-50.9 related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have commited a crime or have founded abuse. The Finance Coordinator/Office Manager, in conjunction with the Director of Community Services, will ensure all background checks are completed fully before a new employee is offered a position and signs new hire paperwork. A new hired employee is required to complete all background checks, including followup, prior to hire.	
T1055	481-63.13(2)c Medical Examinations 63.13(2) Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III)	T1055		

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T1055	Continued From page 3 c. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59 (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to comply with the requirements related to tuberculosis testing found in Iowa Administrative Code 481 - Chapter 59. Findings include: A review of resident files revealed the facility failed to complete TB screenings as required by Iowa Administrative Code rule 481 - 59.8 (2) for 1 of 2 residents admitted since 2019 (Resident #2). The Director of Community Services confirmed this finding. See deficiency under 59.8 (2).	T1055	By September 15, 2021 L'Arche Clinton will require all residents admitted to our residential care facility to complete a physical examination prior to admittance. The Director of Residential Services will include The Arch Inc, Physical Form in the paperwork required to be completed prior to a resident's admission. The Arch Physical Form includes the date given, date read and results of a TB test. The Director of Residential Services will include the TB requirement in the quarterly paperwork audits for all residents. The Director of Residential Services will alert the coordinator if the second step of a resident's TB test is not complete. The Coordinator will ensure the two-step test to be scheduled and completed before 12 months after a resident's admittance with oversight from the Director of Residential Services.	
T1170	481-63.14(1)u Records 63.14(1) Resident record. The licensee shall keep a permanent record on all residents admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include: u. Disposition of valuables; (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to document the disposition property for 1 of 3 former residents reviewed (Resident C3). Findings follow: Record review on 6/29/21 revealed Resident C3 passed away on 12/3/20. The facility did not document what was done with her belongings after she died.	T1170	As of September 1, 2021 L'Arche Clinton will keep a permanent record on the disposition of valuables for all residents admitted to a specialized residential care facility with all entries current, dated, and signed. When a resident is discharged, leaves or in the case of death, the Director of Residential Services will complete the L'Arche Clinton Personal Belongings, Financial and Medication Information Log to document what happened with personal belongings, finances and medications for that individual. This document will be filed along with the resident's other paperwork located in their main book in the office.	

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T1170	Continued From page 4 The Director of Community Services confirmed this finding on 7/6/21 at 11:00 AM.	T1170		
T1540	481-63.18(1) Dietary 63.18(1) Dietary staffing. Personnel who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide an orientation on safe food handling practices prior to handling food to 5 of 5 staff reviewed (Staff B, Staff C, Staff D, Staff E and Staff G). Findings follow: A review of personnel files revealed Staff B was hired on 3/2/20. There was no documentation of an orientation on sanitation and safe food handling practices in the file. A review of personnel files revealed Staff C was hired on 3/10/21. There was no documentation of an orientation on sanitation and safe food handling practices in the file. A review of personnel files revealed Staff D was hired on 1/19/21. There was no documentation of an orientation on sanitation and safe food handling practices in the file. A review of personnel files revealed Staff E was hired on 5/26/21. There was no documentation of an orientation on sanitation and safe food	T1540	By October 1, 2021 L'Arche Clinton will have an established relationship with Relias and a new training system up and running. L'Arche Clinton will ensure that personnel who are responsible for food preparation or service, or both, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual inservice training on food protection. The Director of Residential Services will assign and track completion of training on sanitation and safe food handling for new personnel. The Director of Residential Services will assign and track completion of annual in-service training of food protection. Both of these courses will be available through Relias.	

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T1540	Continued From page 5 handling practices in the file. A review of personnel files revealed Staff G was hired on 11/13/19. There was no documentation of an orientation on sanitation and safe food handling practices in the file. The Lead Assistant confirmed these findings on 6/29/20 at 1:30 PM. She stated she was not aware the orientation was required prior to staff handling food.	T1540		
T1545	481-63.18(2)a Dietary 63.18(2) Nutrition and menu planning. a. Menus shall be planned and followed to meet the nutritional needs of residents in accordance with the primary care provider's orders. Diet orders should be reviewed as necessary, but at least quarterly, by the primary care provider. (II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain quarterly diet orders for 1 of 2 residents reviewed (Resident #2). Findings follow: Record review on 7/1/21 revealed Resident #2 admitted to the facility on 11/11/19. The facility had diet orders signed by a primary care provider for Resident #2 dated 10/23/19 and 3/26/21, but not every three months. The Director of Community Services confirmed these findings on 7/6/21 at 11:00 AM.	T1545	By September 15, 2021 L'Arche Clinton will review diet orders as necessary, but at least quarterly, by the resident's primary care provider. The Program Coordinator will have conversation with the primary care provider to set a plan in place for how best to review diet orders quarterly. The Coordinators will receive new diet orders as needed, but at least quarterly, and file the orders appropriately. The Director of Residential Services will check the files quarterly to ensure diet orders are up to date.	

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T1645	Continued From page 6	T1645		
T1645	481-63.19(3)c Orientation and Service Plan 63.19(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident and the resident's interdisciplinary team, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) c. The service plan should be modified to add or delete goals and objectives as the resident's needs change. Communications related to service plan changes or changes in the resident's condition shall occur within five working days of the change and shall be conveyed to all individuals inside and outside the residential care facility who work with the resident, as well as to the resident's responsible party. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to update service plans as needs changed for 1 of 3 former residents reviewed (Resident C3). Findings follow: Review of Resident C3's file on 6/29/21 revealed a Timeline of Changes in Condition. The timeline included the following: - Resident C3 saw her neurologist on 5/18/20 to discuss her mental decline related to her Alzheimer's disease. She was noted to be less verbal, and more agitated with transitions. The neurologist increased Resident C3's citalopram, an anti-depressant medication the resident was	T1645	As of September 15, 2021 L'Arche Clinton, in conjunction with the resident's interdisciplinary team, will develop a written, individualized and integrated service plan for the resident within 30 days of admission. This service plan will be modified to add or delete goals and objectives as the resident's needs or conditions change. The Program Coordinator will communicate any changes in condition or changes to a service plan to a resident's interdisciplinary team within 5 days of the change. The plan will clearly state the ongoing supports given by L'Arche Clinton and will list any condition changes in the section labeled: Any Changes in Core Member Conditions, accompanied by an explanation of the change. The Individual Service Plan will be filed at the office as well as at the resident's care facility so it is accessible by all staff providing cares. Any changes in condition or supports will also be communicated with all individuals inside and outside the residential care facility within five working days of the change.	

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T1645	Continued From page 7	T1645		

already taking, to 15mg. daily to help improve her mood.

- On 5/21/21, Resident C3 had an episode which staff described as a "jolt." Staff took Resident C3 to the emergency room. She was diagnosed with muscle spasms which could have been a side effect from the medication increase. There was no sign of seizure activity. When he was informed of the episode, the neurologist decreased the citalopram back to the original dose.
- Resident C3 experienced "jolts" again on 6/24/20 and 7/1/20. An appointment was scheduled for Resident C3 to see her primary care provider (PCP).
- Resident C3 saw her PCP on 7/8/20. The PCP ordered Physical Therapy and Occupational Therapy (PT and OT). The PCP also stated staff should use a gait belt with Resident C3 whenever she was active. This change was added to the service plan. The PCP asked the staff to follow up with the neurologist about the "jolts" to see if they were related to Resident C3's Alzheimer's disease.
- The neurologist stated the "jolts" were myoclonus episodes (a quick, involuntary muscle jerk) which could be related to Alzheimer's disease.
- Resident C3 had her first PT appointment on 9/9/20. The Physical Therapist recommended against Resident C3 using a walker as she would likely be unable to remember how to use it safely. Around that time, Resident C3's myoclonus episodes increased in the mornings. She showed less interest in eating and drinking fluids.
- Resident C3 presented with many myoclonus episodes the weekend of 9/21/20. Staff contacted the neurologist and Resident C3's neurology appointment was moved up from November 2020 to 10/13/20.

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T1645	Continued From page 8 - The facility procured a vinyl gait belt for staff to use in the bathroom and shower to keep Resident C3 safe. Staff made a list of things they wanted to discuss with the neurologist at Resident C3's upcoming appointment to help keep her safe such as a wheelchair with a belt, a shower chair and a possible medication change. They also discussed moving Resident C3's showers to later in the day. A T-log on 9/25/20 written by Staff H noted she escorted Resident C3 from her room to the bathroom that morning. She did not use a gait belt because it immediatley came off in the shower. That morning she had towels under one arm, Resident C3's hand in her hand with the other hand around her back. When they got to the bathroom, Resident C3 jolted backward into the wall and slowly went down on her bottom. It was a slow fall and fairly gentle, but Staff H wasn't able to prevent it. Staff H did not see a noticeable injury. Resident C3 had two other jolting episodes but Staff H caught her. Staff H said another staff agreed to help her to shower Resident C3 in the future. Staff H noted she would use a gait belt with Resident C3 at all times in the future. Staff H documented in a T-log on 10/7/20 Resident C3 had 4 minor jolts but a 5th major and irregular jolt in which she called out loudly and pulled backward aggressively. Staff I documented in a Secure Communication dated 10/8/20 he witnessed Resident C3 have small and large myoclonus episodes and tremors in her hands. Staff I noted assistants worked together to do two person transfers with Resident C3 for the whole day or part of the day.	T1645		

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T1645	Continued From page 9 Resident C3's Individual Service Plan dated 5/1/20 was not updated to address her myoclonus episodes. The plan did not clearly address what level of assistance staff were to provide Resident C3 with ambulation and showering. On 7/7/21 at 9:30 AM, the Director of Community Services confirmed these findings.	T1645		
T3020	481-63.31(1) Maintenance 63.31(1) The building, grounds, and other buildings shall be maintained in a clean, orderly condition and in good repair. (II, III) This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure the building was maintained in good repair. Findings follow: An environmental tour conducted with the Program Coordinator on 6/30/21 at 4:20 PM revealed the flooring in the upstairs bathroom was cracked and stained around the toilet. The bathroom tile near the door was also stained. A half-dollar size hole of dry wall was pulled off the wall near the mirror in the upstairs bathroom. The drywall behind the maroon recliner in the downstairs living room had gouge marks. The paint on the cabinets in the kitchen was worn off around the knobs on the pantry cupboard by the stove as well as on the kitchen cabinet knobs above the map. The Program Coordinator confirmed these	T3020	By December 31, 2021 L'Arche Clinton will ensure the building and grounds of the residential care facility at 734 5th Ave S are maintained in a clean, orderly condition and in good repair. The Community Leader, in conjunction with the Director of Residential Services, Program Coordinator, and handyman, will ensure the following repairs: New flooring will be installed in the upstairs bathroom. The drywall in the bathroom will be patched and repainted. The drywall in the living room will be patched and repainted. The cabinets in the kitchen will be cleaned and repainted. In addition to all repairs, the Program Coordinator will review cleaning expectations and schedules will all employees in the home to ensure the maintenance and upkeep of the residential care facility.	

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T3020	Continued From page 10 findings during the tour.	T3020		