IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 5, 2014

Ms. Misti Ellis, Manager
The Elms
1009 3rd Street
Reinbeck, IA 50669

RE: Final Initial Certification Monitoring Evaluation Report – The Elms, Reinbeck, IA

Dear Ms. Ellis:

Enclosed is the **Final Initial Certification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **December 2, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation and Service Plan.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

The on-site evaluation demonstrates regulatory compliance by the Program, and the Program's certification will continue for a period of two years, without interruption, from the original date of certification.

Enclosed you will find the Assisted Living Program Certificate **S0341** with effective dates of **June 10, 2014** through **June 9, 2016**. This certificate is to be posted in the building for public viewing.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0341	A. BUILDING: _____ B. WING _____	12/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS	1009 3RD STREET REINBECK, IA 50669

(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	481-67 Initial Comments 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. General Population Program Number of tenants without cognitive disorder: 11 Number of tenants with cognitive disorder: 0 Total population of program at time of on-site: 11 Total census of Assisted Living Program: 11 The following insufficiencies were cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant ' s functional, cognitive and health status prior to the tenant ' s signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant ' s eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant ' s mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be	A 036		

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
	S0341	A. BUILDING: _____ B. WING _____	12/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS	1009 3RD STREET REINBECK, IA 50669

(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 036	Continued From page 1 conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on staff interview and review of tenant records, the program failed to evaluate the functional, cognitive and health status for 2 out of 3 tenants prior to signing the occupancy agreement (Tenant #1, Tenant #3). Two tenants signed occupancy agreements for placement at the Program prior to receiving functional, cognitive and health evaluations that would determine a tenant's eligibility for the Program. Findings include: 1. A review of tenant records revealed Tenant #1, a 94 year old, was admitted on 7-18-14 and diagnoses included: muscle weakness, anxiety, macular degeneration of retina, hypertension and unspecified neuralgia neuritis and radiculitis. The record revealed a signed occupancy agreement dated 7-6-14. The tenant's initial functional, cognitive and health evaluations that determine a tenant's eligibility for the Program were completed on 7-18-14. 2. A review of tenant records revealed Tenant #3, a 99 year old, was admitted on 7-17-14 and diagnoses included: hypertension, congestive heart failure, muscle weakness and a history of falls. The record revealed a signed occupancy agreement dated 7-1-14. The tenant's initial functional, cognitive and health evaluations that determine a tenant's eligibility for the Program were completed on 7-17-14.	A 036		

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
	S0341	A. BUILDING: _____ B. WING _____	12/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS	1009 3RD STREET REINBECK, IA 50669

(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 036	Continued From page 2 3. On 12-2-14 at 3:00 p.m., the director confirmed that the initial tenant evaluations were completed after the signing of the occupancy agreement in order to place a hold on the apartment. Two tenants were evaluated for eligibility for the Program after the signing of the occupancy agreement.	A 036		
A 037	481-69.22(2) Evaluation of Tenant 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 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and tenant record review, the program failed to evaluate the tenant's health status within 30 days of occupancy for 3 out of 3 tenants reviewed (Tenants #1, #2 and #3). Three tenants did not receive an evaluation of health status within 30	A 037		

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
	S0341	A. BUILDING: _____ B. WING _____	12/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS	1009 3RD STREET REINBECK, IA 50669

(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 037	Continued From page 3 days of occupancy. Findings include: 1. A review of tenant records revealed Tenant #1, a 94 year old, was admitted on 7-18-14 and diagnoses included: muscle weakness, anxiety, macular degeneration of retina, hypertension and unspecified neuralgia neuritis and radiculitis. The record for Tenant #1 revealed that cognitive and functional evaluations were completed on 8-15-14. Tenant #1's record lacked a health status evaluation within 30 days of occupancy. 2. A review of tenant records revealed Tenant #2, a 68 year old, was admitted on 9-6-14 and diagnoses included: gastrointestinal esophageal reflux disease (GERD), hypertension, Parkinson's Disease, seasonal allergies, chronic obstructive pulmonary disease (COPD), asthma and depression. The record for Tenant #2 revealed that cognitive and functional evaluations were completed on 10-3-14. Tenant #2's record lacked a health status evaluation within 30 days of occupancy. 3. A review of tenant records revealed Tenant #3, a 99 year old, was admitted on 7-17-14 and diagnoses included: hypertension, congestive heart failure, muscle weakness and a history of falls. The record for Tenant #3 revealed that cognitive and functional evaluations were completed on 8-14-14. Tenant #3's record lacked a health status evaluation within 30 days of occupancy.	A 037		

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
	S0341	A. BUILDING: _____ B. WING _____	12/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS	1009 3RD STREET REINBECK, IA 50669

(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 037	Continued From page 4 4. On 12-2-14 at 3:00 p.m., the director confirmed that health status evaluations were only completed at the initial evaluation stage and not within the 30 day evaluation stage.	A 037		
A 089	481-69.26(4)a Service Plans 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 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and tenant record reviews, the program failed to include all identified needs of the tenant on the service plan for 2 out of 3 tenants reviewed (Tenant #1, Tenant #2). The administration of medications by program staff for two tenants was not reflected on the service plans. Findings include: 1. On 12-2-14 at 10:31 a.m., the director confirmed that Tenant #1 and Tenant #2 did receive medication administration by program staff. On 12-2-14 at 11:19 a.m., Tenant #1 was observed taking medications that were administered by Staff A. 2. A review of tenant records revealed Tenant #1, a 94 year old, was admitted on 7-18-14 and diagnoses included: muscle weakness, anxiety, macular degeneration of retina, hypertension and unspecified neuralgia neuritis and radiculitis. Tenant #1's initial service plan dated 7-18-14	A 089		

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
	S0341	A. BUILDING: _____ B. WING _____	12/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS	1009 3RD STREET REINBECK, IA 50669

(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 089	Continued From page 5 included the identified need of medication administration by program staff. Tenant #1's 30 day service plan dated 8-15-14 did not include the identified need of medication administration by program staff. 3. A review of tenant records revealed Tenant #2, a 68 year old, was admitted on 9-6-14 and diagnoses included: gastrointestinal esophageal reflux disease (GERD), hypertension, Parkinson's Disease, seasonal allergies, chronic obstructive pulmonary disease (COPD), asthma and depression. Tenant #2's initial service plan dated 9-6-14 did include the identified need of medication administration by program staff. Tenant #2's 30 day service plan dated 10-3-14 did not include the identified need of medication administration by program staff. 4. On 12-2-14 at 3:00 p.m., the director confirmed the failure to carry over the identified need of administration of medications for Tenant #1 and Tenant #2 to the updated 30 day service plan.	A 089		

The Elms 1009 3rd Street Reinbeck, IA

Initial Certification Monitoring Evaluation

POC for Insufficiencies Identified December 2, 2014

Report completed by Kathleen Niedert, PhD, RD, LNHA

1. (A 036) Per current policy, prior to signing an occupancy agreement, an evaluation of the tenant's health, function and cognition will be completed. Policy also states that should the tenant not move in within 30 days, another evaluation will be completed to insure appropriateness of placement. Tenant's PCP will be responsible for completing evaluation prior to tenant signing agreement. Director of Assisted Living will use the Admission Check List to validate that the policy is being enforced and that evaluation has been completed prior to signing the agreement. Completion date 12/21/2014

2. (A 037) The policy has been reviewed and as stated within the current policy, all residents will have health status evaluations completed by the Director of Assisted Living or designated nurse within 30 day of evaluation or significant change. This will be added to the Admission Check List to make sure the policy is being enforced. Audits will be done by the Director of Assisted Living every quarter to assure compliance. Completion date 12/21/2014

3. (A 089) Service plans will reflect that residents admitted either request medication management be provided by facility staff or that they desire to administer their medications independently and that they are safe to do so. Director of Assisted Living will update service plans as needed. Audits of service plans will be done quarterly and as needed by the Director of Assisted Living. Completion date 12/21/2014