IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

January 6, 2015

Ms. Melinda Shackelford, RN
Linnwood Estates
700 North Linn
Glenwood, IA 51534

RE: Final Recertification Monitoring Evaluation Report – Linnwood Estates, Glenwood, IA

Dear Ms. Shackelford:

Enclosed is the **Final Recertification 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 17 & 18, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans and Food Service .

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 review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0191** with effective dates of **May 26, 2014** through **May 25, 2016**.

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
	S0191	A. BUILDING: _____ B. WING _____	12/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINNWOOD ESTATES	700 NORTH LINN STREET GLENWOOD, IA 51534

(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	481-69 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: 22 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 27 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on incident report review, physician's orders review, Emergency Department - Patient	A 083		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 083	Continued From page 1 summary review, nurses' notes review, service plan review and staff interview, the Program failed to update tenants' service plans based on evaluations concerning the functional, cognitive and health status of the tenants on 2 of 3 records reviewed. (Tenants #1 and #2) The Program also failed to complete a comprehensive evaluation of a tenant's health, cognition and functional status following a change in the tenant's condition (Tenant #1) when the tenant returned to the Program from an emergency room visit on 11/27/14 with a fracture of the ankle. Findings include: 1. On 12/17/14 at 2:32p.m. Incident report review revealed on 11/27/14 at 9:00a.m. Tenant #1 had been found by staff sitting on the floor by a chair in his/her apartment. Tenant #1 reported slipping when exiting Tenant #1's shower landing on his/her buttocks and had crawled to a chair to get up from the floor but could not. A family member transported Tenant #1 to the emergency room and back to the Program later that same day. Tenant #1 returned to the Program with a fractured right ankle. On 11/28/15 at 9:22a.m Tenant #1 lost balance in the bathroom and fell a second time. Tenant #1 required the assistance of two staff to get off the floor to a wheelchair. On 12/18/14 at 11:30a.m. review of Tenant #1's record revealed Tenant #1 was a 81 year old admitted to the Program on 8/21/14 with diagnoses of: Dementia, HTN and A-fib. Tenant #1's initial evaluation prior to occupancy had been completed on 8/20/14. Tenant #1's evaluation within 30 days of occupancy completed on 9/19/14 failed to include the functional status of the Tenant. Further review revealed, an emergency Department - Patient	A 083		

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A 083	Continued From page 2 summery document dated 11/27/2014 with care instructions for an ankle fracture. The care instructions included to lessen the swelling, keep the injured leg elevated while sitting or lying down. Apply ice to the injury for 15-20 minutes, 3-4 times per day while awake for 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and the cast. Tenant #1 returned to the Program wearing an orthopedic boot. Following this change in condition, a nurse review had not been completed until 12/03/14. An evaluation of the tenant's functional, cognitive and health status had not been completed. Review of the service plan revealed this change in Tenant #1's condition had not been noted until 12/03/14. The care instructions as noted on the Emergency Department - patient summary dated 11/27/14 had not been added to Tenant #1's service plan. On 12/15/14 Tenant #1 returned to a doctors appointment for follow up. Tenant #1's doctor ordered Tenant #1 to take the boot off every evening and soak foot, lower leg and ankle in warm water for 1/2 hour and then replace boot. These new orders had not been included on the service plan. On 12/18/14 at 11:44a.m. Staff C confirmed these findings. 2. On 12/18/14 at 12:00p.m. review of Tenant #2's record revealed Tenant #2 was a 87 year old admitted to the Program on 2/17/14 with a diagnoses of Dementia. Tenant #2's service plan dated 11/12/14 was not based on evaluations of the functional, cognitive and health status of the tenant. Tenant #2's evaluations were dated as follows: cognitive,	A 083		

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A 083	Continued From page 3 6/04/14, functional, 8/01/14 and health, 8/01/14. On 12/18/14 at 12:10p.m. Staff F confirmed these findings.	A 083		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and 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. This REQUIREMENT is not met as evidenced by: Based on personnel record review and staff interview, the Program failed to insure all personnel responsible for food service had completed their orientation on sanitation and safe food handling prior to handling food. Findings include: On 12/18/14 at 7:46a.m. Staff D's personnel record review revealed Staff D was hired by the Program to work as an Aide on 5/07/14. Record of Staff D's food safety/sanitation training revealed a completion date of 11/06/14. On 12/18/14 at 9:22a.m. Staff A confirmed the Program had completed an internal personnel files audit in November, 2014 and realized Staff D's food safety/sanitation had not been completed. Staff A confirmed Staff D had been serving the tenants their food.	A 104		

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A 104	Continued From page 4 On 12/18/14 at 7:55a.m. Staff E's personnel record review revealed Staff E was hired by the Program to work as an Aide on 11/05/14. A record of Staff E's completion of the food safety/sanitation training could not be located. On 12/18/14 at 9:22a.m. Staff B confirmed Staff E had been serving the tenants their food. Staff B confirmed Staff E had not received the Program's training on food safety/sanitation. Staff E's training on food safety/sanitation was scheduled to be completed on 12/18/14.	A 104		

The follow constitutes Linnwood Estates responses to the regulatory insufficiencies Noted on the recertification Monitoring Evaluation visit on December 17 & 18, 2014 .The facility does not admit to truth or accuracy of the statements or allegations contained in the statement of insufficiencies ; however the facility remain committed to the delivery of high quality health care and services and will continue to make whatever changes and improvements that may be necessary to satisfy that objectives. Please consider this response our credible allegation of compliance.

A-083 Service Plans

(1) There have been no new admissions to
(2) the ALF as of 1-06-15. All future Admissions, 30 day follow-up, and Change of Condition will have the proper evaluations/assessments that includes the functional status of the resident. Any changes in the delivery of service required will be added to the service plan in a timely manner. All Service plans will be reviewed for accuracy and updated accordingly. By 1-18-15

Tenant #1 Comprehensive Functional was redone on 1-08-15 . Tenant # 1 Service plan was amended on 12-03-14 and again on 1-08-15

to reflect the current treatments
The RN will review/monitor the service plans
monthly for accuracy and update at any
change of condition, to assure compliance
, and will submit a report to Quality Assurance
Committee monthly. On going

A104 Food Service

Staff E completed the food Service prior to working

on 12-19-14.

An internal audit of the Employees

Records was completed on 12-19-14

and all employees have the required

food safety course.

Upon orientation the new employees

will complete the required competencies

and food service course to assure

compliance. By 1-0-18-15

The Human Resources Director will submit the

Orientation check list results to the Quality Assurance

Committee monthly. On going