

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

January 22, 2015

Ms. LuAnn Rogge, Director
Heartland Care Center
604 E. Fenton
Marcus, IA 51035**RE: Final Recertification Monitoring Evaluation Report – Heartland Care Center, Marcus, IA**

Dear Ms. Rogge:

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 **January 13, 2015**. The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Evaluation of Tenant and Service Plans.

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 **S0014** with effective dates of **June 10, 2014** through **June 9, 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: S0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/13/2015
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NAME OF PROVIDER OR SUPPLIER
HEARTLAND CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**604 E FENTON
MARCUS, IA 51035**

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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: 10
Number of tenants with cognitive disorder: 2
Total Population of Program at time of on-site: 12

The following insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:

A 003: 481-67.2 Program policies and procedures

481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

This REQUIREMENT is not met as evidenced by:
Based on observation, procedure review, and interview, the Program's staff did not follow procedures related to cleaning of the hands.

A medication pass was observed on 1-12-15 beginning at 11:44 a.m. The LPN was passing medications. The LPN was initially observed with a medication cup in her hand. The tenant to

A 000

A 003

A003 The LPN will be retrained by the RN on infection control protocol when administering medications. An in-service was held on 01/26/15 to include procedures for proper hand washing & use of bacterial gel and it's importance as a means of preventing infections. The Health Care Professional or designee will monitor for compliance at least annually.
Completion Date: 01/26/15

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

1-29-15

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A 003	<p>Continued From page 1</p> <p>whom the medication was to be passed was receiving a breathing treatment. The LPN returned the medication cup to the medication cart. The LPN was not observed to use hand sanitizer. The LPN then proceeded to set up medications for the next tenant. After the medication was administered, the LPN was observed to use hand sanitizer. The LPN administered medications to another tenant. The LPN was not observed to use hand sanitizer after the medications were administered.</p> <p>The LPN was then observed to obtain the medication for Tenant #4. The LPN took the medication to the apartment and was observed touching Tenant #4 to check Tenant #4's blood pressure and pulse prior to the administration of the medication. The LPN returned to the medication cart and was not observed to use hand sanitizer.</p> <p>The LPN was observed with medications on four occasions and was observed touching the last tenant to check a blood pressure and pulse. Hand sanitizer was observed to be used once during the medication pass.</p> <p>The LPN was interviewed on 1-12-14 at 12:15 p.m. and stated she used hand sanitizer after every second or third person.</p> <p>A review of the Infection Control Policy revealed handwashing was the single most important means of preventing infection.</p> <p>The RN was interviewed on 1-12-15 at 1:45 p.m. and stated she expected hands to be washed after each tenant was passed medications, especially if the tenant was touched. The RN went on to state the use of hand sanitizer was ok,</p>	A 003		
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A 003	Continued From page 2 but hands were to be washed every two to three times sanitizer was used. Procedures for hand cleaning were not followed.	A 003		
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 conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, evaluations were not completed prior to the signing of the occupancy agreement. Of the three tenant files reviewed, two were considered new admissions. 1. Tenant #3, an 82 year-old, was admitted on 1-7-15 and had diagnoses of: anxiety disorder,	A 036	A036 This program's evaluations will be completed prior to the signing of the occupancy agreement. The Health Care Professional will perform the functional, cognitive and health status assessments prior to the tenant signing the occupancy agreement. All information will be gathered prior to admission to determine appropriate placement. Tenants will be monitored as appropriate for continued eligibility for the program by the Health Care Professional. Completion Date: 01/26/15	

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A 036	<p>Continued From page 3</p> <p>chronic obstructive bronchitis, coronary artery disease, diabetes mellitus type II, esophageal reflux, and memory loss. Tenant #3 had 13 errors on the Mini Mental State Examination completed 1-7-15 and was staged at four on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline.</p> <p>The occupancy agreement for Tenant #3 was signed by the power of attorney on 1-6-15. A health assessment was completed on 1-6-15. Evaluations of function and cognition were not completed by a registered nurse until 1-7-15.</p> <p>The Administrator was interviewed on 1-13-15 at 10:15 a.m. and stated the family wanted to minimize distress to Tenant #3 and the Program complied. Program staff members did not visit the home to complete evaluations. The family was at the Program on 1-6-15, and the power of attorney (POA) signed the occupancy agreement on 1-6-15.</p> <p>Evaluations of function and cognition were not completed prior to the signing of the occupancy agreement.</p>	A 036		
A 037	<p>481-69.22(2) Evaluation of Tenant</p> <p>481-69.22(231C) Evaluation of tenant.</p> <p>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</p>	A 037	<p>A037 The Health Care Professional will complete a health, functional, and cognitive evaluation for Tenants#1 and #2. The Health Care Professional will be re-educated on regulatory requirements for completion of evaluation prior to move-in, within 30 day-move-in, annually, and with a significant change in</p>	

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A 037	<p>Continued From page 4</p> <p>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 record review and interviews, evaluations were not completed within 30 days of admission, were not completed annually, and were not completed with a significant change of condition. Three records were reviewed.</p> <p>1. Tenant #1, a 83 year-old, was admitted on 11-14-14 and had diagnoses of: hypertension, chronic obstructive pulmonary disease, and frontotemporal lobe dementia with expressive aphasia. On 11-13-14, Tenant #1 had a score of 19 on the Mini Mental State Examination. On 11-16-14, Tenant #1 was staged at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline.</p> <p>Tenant #1 had a cognitive evaluation completed on 11-16-14 and health evaluation completed on 12-12-14.</p> <p>In an interview with the RN on 1-12-15 at 3:49 p.m. she stated evaluations of function and cognition were not completed on 12-12-14.</p> <p>A functional evaluation was not completed within 30 days of admission.</p> <p>Nurse's notes dated 12-13-14 and timed 12:00 p.m. documented Tenant #1 had been quiet for</p>	A 037	<p>A037 (cont.) condition. The Health Care Professional or Designee will monitor for compliance at least two times per year. Completion Date: 02/11/15</p>	
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A 037	<p>Continued From page 5</p> <p>the previous week. Tenant #1 was not interacting with staff or other tenants. Notes dated 12-13-14 and timed 12:45 p.m. documented Tenant #1 had difficulty following simple commands and had a fever of 100.6 degrees. The notes of 12-13-14 timed 1:55 p.m. documented Tenant #1 required assistance of two persons to get from the bathroom to the bed. Tenant #1's temperature was 102.2 degrees.</p> <p>Documentation from the hospital revealed Tenant #1 was admitted on 12-14-14 for pneumonia and urinary tract infection. Tenant #1 was discharged from the hospital on 12-16-14.</p> <p>Documentation on the treatment record for Tenant #1 for December 2014 revealed Tenant #1 was given an antibiotic for seven days and oxygen was given as needed upon return from the hospital.</p> <p>Evaluations of function, cognition, and health were not completed upon Tenant #1's return to the program on 12-16-14 following hospitalization for pneumonia and urinary infection.</p> <p>Nurse's notes dated 12-22-14 and timed 9:00 a.m. documented Tenant #1 appeared dusky and was short of breath. Oxygen saturation levels were noted to be 77% (normal greater than 90%) and oxygen was applied. The documentation also revealed Tenant #1 was confused and did not leave the oxygen on. Lung sounds were documented as having bilateral inspiratory wheezes. Moist respirations were noted.</p> <p>Nurse's notes dated 12-22-14 and timed 9:56 p.m. documented Tenant #1 had increased confusion. On 12-23-14 at 7:55 p.m. documented Tenant #1 had been prescribed an</p>	A 037		
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A 037	<p>Continued From page 6</p> <p>inhaler and was to continue using the oxygen.</p> <p>The documentation in the nurse's notes was completed by licensed practical nurses. Evaluations of function, cognition, and health were not completed by a registered nurse with a significant change of condition which required further intervention.</p> <p>2. Tenant #2, a 97 year-old, was admitted on 8-1-10 and had diagnoses of: peripheral vascular disease, osteoporosis and mental disorder. On 8-13-14, Tenant #2 was staged at six on the Global Deterioration Scale which indicated severe cognitive decline.</p> <p>The clinical record lacked documentation of an annual health evaluation.</p> <p>The RN was interviewed on 1-13-15 at 10:55 a.m. and stated health evaluations were completed on admission and within 30 days of admission.</p> <p>A health evaluation was not completed annually.</p> <p>The clinical record revealed skin condition reports were completed for Tenant #2 beginning 9-15-14 for a red slit-like area of the coccyx. Physician orders were received on 10-13-14 and 10-27-14 for treatments to the buttocks near the coccyx. The skin condition report had unsigned documentation which indicated the area was healed on 11-5-14.</p> <p>Tenant #2 experienced changes to the skin which required interventions: Evaluations of function, cognition, and health were not completed with a change of condition.</p>	A 037		
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A 083	Continued From page 7	A 083		
A 083	<p>481-69.26(1) Service Plans</p> <p>481-69.26(231C) Service plans.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, service plans were not updated with changes to meet the specific service needs of the individual tenant. Three records were reviewed.</p> <p>1. Tenant #1, a 83 year-old, was admitted on 11-14-14 and had diagnoses of hypertension, chronic obstructive pulmonary disease, and frontotemporal lobe dementia with expressive aphasia. On 11-13-14, Tenant #1 had a score of 19 on the Mini Mental State Examination. On 11-16-14, Tenant #1 was staged at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline.</p> <p>Documentation from the hospital revealed Tenant #1 was admitted on 12-14-14 for pneumonia and urinary tract infection. Tenant #1 was discharged from the hospital on 12-16-14.</p> <p>Documentation on the treatment record for Tenant #1 for December 2014 revealed Tenant #1 was given an antibiotic for seven days and</p>	A 083	<p>A083 The Health Care Professional will complete a service plan for Tenant's #1 & #2 which reflect their identified needs and/or requests for assistance. The Health Care Professional will be re-educated on regulatory requirements for completion of a service plan prior to move-in, within 30 day of move-in, annually, with discretionary changes, and with a significant change in condition. The Health Care Professional or Designee will monitor for compliance at least two times per year. Completion Date: 02/11/15</p>	

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A 083	<p>Continued From page 8</p> <p>oxygen was given as needed upon return from the hospital. The use of the oxygen was confirmed in a physician's order dated 12-23-14.</p> <p>The service plan dated 11-14-14 was not updated with a change of condition to include the use of oxygen.</p> <p>On 1-12-15 at 1:30 p.m. a tour was taken of the Program. During the tour, an alarm mat was observed on the floor just outside Tenant #1's apartment door.</p> <p>The RN was interviewed on 1-12-15 at 1:35 p.m. and stated another tenant had reported Tenant #1 had wandered into that tenant's apartment. The RN stated the pad alarm was placed so that staff would know when Tenant #1 left the apartment. The RN stated there have been no further reports of Tenant #1 being in other tenant apartments.</p> <p>Staff A was interviewed on 1-12-15 at 2:05 p.m. and stated Tenant #1 wandered.</p> <p>A review of the service plan dated 11-14-14 did not identify interventions for wandering including the use of the pad alarm at the door of Tenant #1's apartment. The service plan did not meet the specific service needs of Tenant #1.</p> <p>2. Tenant #2, a 97 year-old, was admitted on 8-1-10 and had diagnoses of: peripheral vascular disease, osteoporosis and mental disorder. On 8-13-14, Tenant #2 was staged at six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline.</p> <p>Documentation on skin condition reports revealed Tenant #2 required treatment to the skin in the area of the buttocks near the coccyx. The skin</p>	A 083		
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A 083	<p>Continued From page 9</p> <p>condition reports contained documentation between 9-15-14 and 11-5-14. The functional evaluation dated 11-21-14 indicated Tenant #2 was occasionally incontinent.</p> <p>A nurse review dated 11-21-14 documented Tenant #2 spent the majority of the day resting in bed. A review of the service plan for Tenant #2, with a GDS of six, indicated Tenant #2 chose own activities, with reminders. The service plan did not identify specific activities, planned or spontaneous, for Tenant #2.</p> <p>In an interview with the RN on 1-13-15 at 11:05 a.m. she confirmed Tenant #2 did not do a lot and activities were not addressed on the service plan for Tenant #2.</p> <p>The service plan for Tenant #2 dated 8-13-14, current at the time of the onsite visit, did not identify the history of skin breakdown, and did not direct staff to observe for skin breakdown in Tenant #2 who had occasional incontinence and spent most of the day resting in bed. The service plan did not identify specific service needs for Tenant #2.</p>	A 083		
A 084	<p>481-69.26(2) Service Plans</p> <p>481-69.26(231C) Service plans.</p> <p>69.26(2) Prior to the tenant ' s signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant ' s request, with other individuals identified by the tenant, and, if applicable, with the tenant ' s legal representative. All persons who develop the plan and the tenant</p>	A 084	<p>A084 All new move-ins will have occupancy agreement signed after completion of the evaluation and service plan and before move-in to the assisted living. The Administrator and Health Care Professional will be re-educated on regulatory requirements. The Administrator, Health Care Professional, or designee will monitor for compliance at least annually.</p> <p>Completion Date 02/11/15</p>	

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A 084	<p>Continued From page 10</p> <p>or the tenant ' s legal representative shall sign the plan.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, service plans were not developed prior to signing the occupancy agreement. Three records were reviewed.</p> <p>1. Tenant #1, a 83 year-old, was admitted on 11-14-14 and had diagnoses of: hypertension, chronic obstructive pulmonary disease, and frontotemporal lobe dementia with expressive aphasia. On 11-13-14, Tenant #1 had a score of 19 on the Mini Mental State Examination. On 11-16-14, Tenant #1 was staged at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline.</p> <p>The occupancy agreement for Tenant #1 was signed by Tenant #1 on 11-13-14. The service plan dated 11-14-14 was signed by Tenant #1 on 11-21-14.</p> <p>The service plan was not completed prior to the signing of the occupancy agreement.</p> <p>2. Tenant #3, an 82 year-old, was admitted on 1-7-15 and had diagnoses of: anxiety disorder, chronic obstructive bronchitis, coronary artery disease, diabetes mellitus type II, esophageal reflux, and memory loss. Tenant #3 had 13 errors on the Mini Mental State Examination completed 1-7-15 and was staged at four on the GDS which indicated moderate cognitive decline.</p> <p>The occupancy agreement for Tenant #3 was</p>	A 084		
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DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2015
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NAME OF PROVIDER OR SUPPLIER HEARTLAND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 E FENTON MARCUS, IA 51035
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(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
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A 084	<p>Continued From page 11</p> <p>signed by the power of attorney on 1-6-15. The service plan dated 1-7-15 was signed by the RN on 1-7-15 and was also signed by Tenant #3.</p> <p>The Administrator was interviewed on 1-13-15 at 10:15 a.m. and stated the family wanted to minimize distress to Tenant #3 and the Program complied. Program staff members did not visit the home to complete evaluations. The family was at the Program on 1-6-15, and the power of attorney (POA) signed the occupancy agreement on 1-6-15. The Administrator stated Tenant #3 moved into the Program the day after the occupancy agreement was signed.</p> <p>The service plan was not completed prior to the signing of the occupancy agreement.</p>	A 084		
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