IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

February 23, 2015

Complaint/Incident Intake #'s: 50695-I
49916-C

Ms. Monica Kuehl, Director of Health Services
Gardens at Luther Park
2910 E. 16th Street
Des Moines, IA 50316

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Gardens at Luther Park, Des Moines, IA

Dear Ms. Kuehl:

Enclosed is the **Final Complaint/Incident Investigation & 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 **February 9 and 10, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Program Notification to Department, Staffing, Evaluation of Tenant, Service Plans and Structural Requirements.

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 **S0241** with effective dates of **August 17, 2014** through **August 16, 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
	S0241	A. BUILDING: _____ B. WING _____	C 02/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT LUTHER PARK	2910 E16TH STREET DES MOINES, IA 50316

(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: 36 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 38 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 13 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 28 TOTAL census of Assisted Living Program: 66 The following regulatory insufficiencies were cited during the Recertfication visit and the investigation of Incident #50695-I and Complaint #49916-C, conducted to determine compliance for an Assisted Living Program:	A 000		
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.	A 003		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on review of a tenant file and a Program document the Program failed to follow the policies and procedures for the completion of incident reports. Incident reports were not completed when there were accidents or unusual occurrences that affected tenants including two incidents that occurred with Tenant #2. (Complaint #49916-C) 1. According to the Program's Incident/Accident procedure, whenever an occurrence or event lead to unintentional consequences and an unfortunate happening to a tenant, visitor or staff on the grounds (of the Program) an Incident/Accident report must be completed. 2. Tenant #2, an 85 year old, was admitted on 4-22-14 and diagnoses included: dementia, atrial fibrillation and spinal stenosis. Tenant #2 was staged at a three on the Global Deterioration Scale, which indicated mild cognitive decline. Tenant #2 resided in the dementia unit and was discharged on 9-4-14. Nurse's Notes dated 8-18-14 indicated Tenant #2's family reported Tenant #2 verbalized suicidal thoughts on 8-17-14. One hour safety checks were immediately initiated. Tenant #2's spouse was encouraged to report to staff immediately via emergency call light if Tenant #2 attempted any action between the hourly checks. Nurse's Notes dated 8-19-14 indicated Tenant #2's doctor ordered Abilify 5 milligram at bedtime. Nurse's Notes dated 8-25-14 (90 day nurse review) indicated Tenant #2 voiced suicidal thoughts pre-admission and then again on 8-17-14. According to Nurse's Notes dated 10-30-14 (late	A 003		

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A 003	Continued From page 2 entry for 9-4-14) Tenant #2 was taken to a hospital for a psychological evaluation due to aggression and an uncontrollable outburst towards family. Nurse's Notes dated 10-30-14 indicated Tenant #2's family moved Tenant #2's belongings out as Tenant #2 transferred to a higher level of care. Incident reports were requested for Tenant #2 and there were no incident reports provided related to the suicidal ideation and aggressive behavior noted in the late entry on 10-30-14 for 9-4-14. Incident reports were not completed for Tenant #2's suicidal ideation and an incident on 9-4-14 when Tenant #2 was taken to the hospital for a psychological evaluation due to aggression and an uncontrollable outburst towards family. Incident reports were not completed as needed.	A 003		
A 025	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director ' s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on review of a tenant file, an incident report, a weather report from a weather website, a Program document and a staff interview the Program failed to notify the Department within 24 hours or the next business day when a tenant eloped from the Program. Tenant #1 had impaired decision making ability and left the	A 025		

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A 025	Continued From page 3 Program without staff knowledge or authorization and the elopement was not reported to the Department within 24 hours or the next business day. (Incident #50695-I) 1. Tenant #1, a 91 year old, was admitted on 1-1-13 and had a diagnosis of restless leg syndrome. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Tenant #1 resided in the dementia unit. According to Nurse's Notes dated 10-30-14, it was reported on 10-29-14 that Tenant #1 was found outside by a peer (tenant) and was brought back inside the building by a peer (tenant). Staff was notified by a peer (tenant). There were no apparent injuries and the electronic wandering monitoring device was on Tenant #1's key chain and another device was placed on Tenant #1. Family was made aware of the incident. 2. According to an Incident/Accident Report, on 10-29-14 at 6:00 p.m., Tenant #1 was found by a peer (tenant) and was brought back by a peer (tenant). There were no injuries related to the incident. 3. According to a Program document, on 10-29-14 at approximately 6:30 p.m. Tenant #1 followed another tenant onto the third floor elevator (in the dementia unit) and then followed the tenant outside the building. A third tenant returned to the Program and was summoned by the other tenant to help get Tenant #1 back into the building. The third tenant assisted Tenant #1 back onto the elevator and to third floor where the third tenant found a staff to assist Tenant #1.	A 025		

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A 025	Continued From page 4 Tenant #1 was already receiving two hour checks as Tenant #1 resided in the dementia unit. Tenant #1 had a electronic wandering monitoring device but was found to have removed it. Checks on the electronic wandering monitoring device were initiated every two hours. Tenant #1 did not sustain any injuries. 4. According to a weather website, weather conditions on the day of the elopement were as follows: the mean temperature was 48 degrees, winds were 7 miles per hour (mph) with a max gust speed of 22 mph and there was no precipitation. 5. According to an interview with the Director of Health Services on 2-10-15 at 3:29 p.m., the Program tried to submit the self report on Friday after the incident (10-31-14); however, there were issues with being timed out of the system, locked out of the system and issues with submitting the information via fax. The Director of Health Services said the requirement to report an elopement was within 24 hours of the incident. 6. The Program successfully submitted the self reported elopement to the Department on 11-3-14. On Friday 10-31-14 the Program experienced difficulty submitting the self report; however, 10-31-14 was more than 24 hours or the next business day from the time of the incident.	A 025		
A 056	481-67.9(2) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(2) Emergency procedures. All program staff shall be able to implement the accident, fire safety, and emergency procedures.	A 056		

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A 056	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on review of staff files and a staff interview, the Program failed to provide training on the implementation of accident, fire safety and emergency procedures for three staff (Staff C, D and E). The Program had a dedicated dementia unit which had door alarms required by administrative rule and three staff did not have documented training regarding the Program's security and alarm systems. (Recertification and Incident #50695-I) 1. Staff C, a universal worker, hired on 11-18-14 did not have documented training on the security and alarm systems. 2. Staff D, a certified nursing assistant (CNA), hired on 12-22-14 did not have documented training on the security and alarm systems. 3. Staff E, a CNA, hired on 6-27-14 did not have documented training on the security and alarm systems. 4. According to an interview with the Nurse on 2-10-15 at 11:10 a.m., Staff C, D and E did not have documented training on the alarm system.	A 056		
A 061	481-67.9(4)d Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program ' s registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse	A 061		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 061	Continued From page 6 delegation shall, at a minimum, include the following: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants ' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on review of staff files, a tenant file review and a staff interview, the Program failed to provide medication administration training and training for a Duoderm treatment for three staff (Staff D, E and F). Staff assisted tenants with medication administration and assisted a tenant with a Duoderm treatment and training was not documented regarding the tasks. (Recertification) 1. Tenant #6, a 90 year old, was admitted on 12-29-14 and diagnoses included: anxiety, atrial fibrillation, glaucoma, fatigue, hypokalemia, edema and neuropathy. The February 2015 medication administration record indicated staff applied Duoderm to open areas on Tenant #6's back and changed every three days. 2. Staff D, a certified nursing assistant (CNA), was hired on 12-22-14 and did not have documented training on the administration of oral medications or the Duoderm treatment. 3. Staff E, a CNA, was hired on 6-27-14 and did not have documented training on the administration of oral medications or the	A 061		

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A 061	Continued From page 7 Duoderm treatment. 4. Staff F, a universal worker, was hired on 10-15-14 and did not have documented training on the administration of oral medications or the Duoderm treatment. 5. According to an interview with the Nurse on 2-10-15 at 11:10 a.m., Staff D, E and F administered oral medications and assisted with Tenant #6's Duoderm treatment and did not have documented training on those tasks.	A 061		
A 063	481-67.9(4)f Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program ' s registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided. This REQUIREMENT is not met as evidenced by: Based on monitor observation, tenant file reviews, a staff interview and review of staff training documents, the Program failed to provide services to tenants in accordance with the training provided. Staff A had nurse delegation training on blood glucose monitoring and administering eye drops; however, did not provide appropriate sanitization during the medication pass related to those tasks. (Recertification)	A 063		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 063	Continued From page 8 1. Tenant #3, an 82 year old, was admitted on 4-4-14 and diagnoses included: hypertension (HTN), dementia, diabetes mellitus type 2 and hypothyroidism. Tenant #3 was staged at three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. Tenant #3 resided in the dementia unit. Tenant #3's medication administration record (MAR) for February 2015 indicated Tenant #3 had accuchecks before meals and at bedtime including at 4:00 p.m. 2. Tenant #7, a 98 year old, was admitted on 2-10-11 and diagnoses included: pneumonia, dementia, HTN, hypothyroidism and depression. Tenant #7 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #7 resided in the dementia unit. Tenant #7's MAR for February 2015 indicated Tenant #7 received Sodium Chloride 5% drops four times daily to right eye including at 4:00 p.m. The February 2015 MAR also indicated Tenant #7 was ordered Ipratropium-Albuterol inhale (1 vial) four times daily including at 4:00 p.m. 3. A medication pass with Staff A in the dementia unit on 2-9-15 at approximately 4:00 p.m. was observed. Staff A assisted Tenant #3 with a blood glucose check. Staff A used hand sanitizer, cleansed Tenant #3's finger with a alcohol swab and Tenant #3 attempted to check Tenant #3's own blood glucose; however, was not able to complete the blood glucose check. Staff A then completed Tenant #3's blood glucose check. Staff A was not wearing gloves at the time the blood glucose check was completed. Staff A handed Tenant #3 a paper towel to hold on the finger after the blood glucose check. Staff A assisted Tenant #7 with an eye drop. Staff	A 063		

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A 063	Continued From page 9 A donned gloves and administered Tenant #7's eye drop. Staff A then administered Tenant #7's nebulizer treatment. Staff A did not remove gloves or wash hand between the administration of Tenant #7's eye drop and Tenant #7's nebulizer treatment. 4. Staff A had nurse delegated training on blood glucose monitoring and administering eye drops. The delegation for blood glucose monitoring indicated staff was to wash hands thoroughly and then put on gloves. 5. According to an interview with the Nurse on 2-10-15 at 2:41 p.m., staff was to wear gloves with exposure to any bodily fluids. The Nurse said staff should remove gloves and wash hands after administering the eye drops before administering a nebulizer treatment.	A 063		
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.	A 037		

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A 037	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on review of tenant files, the Program failed to complete cognitive, health and functional evaluations when tenants had a significant change in condition, for five tenants (Tenants #1, #2, #3, #5 and #7). (Recertification) 1. Tenant #1, a 91 year old, was admitted on 1-1-13 and had a diagnosis of restless leg syndrome. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #1 resided in the dementia unit. According to Nurse's Notes dated 10-30-14, it was reported on 10-29-14 that Tenant #1 was found outside by a peer (tenant) and was brought back inside the building by a peer (tenant). Staff was notified by a peer (tenant). There were no apparent injuries and the electronic wandering monitoring device was on Tenant #1's key chain and another device was placed on Tenant #1. Family was made aware of the incident. According to an Incident/Accident Report, on 10-29-14 at 6:00 p.m. Tenant #1 was found by a peer (tenant) and was brought by a peer (tenant). There were no injuries related to the incident. According to a Program document, on 10-29-14 at approximately 6:30 p.m. Tenant #1 followed another tenant onto the third floor elevator (in the dementia unit) and then followed the tenant outside the building. A third tenant returned to the Program and was summoned by the other tenant	A 037		

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A 037	Continued From page 11 to help get Tenant #1 back into the building. The third tenant assisted Tenant #1 back onto the elevator and to third floor where the third tenant found a staff to assist Tenant #1. Tenant #1 was already receiving two hour checks as Tenant #1 resided in the dementia unit. Tenant #1 had a electronic wandering monitoring device but was found to have removed it. Checks on the electronic wandering monitoring device were initiated every two hours. Tenant #1 did not sustain any injuries. According to Nurse's Notes dated 1-19-15, Tenant #1 had increased wandering and going into other tenant apartments. It was explained to Tenant #1's family that staff would attempt to increase redirection attempts but if unable to solve the issue would be looking at a higher level of care. Cognitive, health and functional evaluations were not completed as needed with significant change after Tenant #1's elopement and with increased wandering. 2. Tenant #2, an 85 year old, was admitted on 4-22-14 and diagnoses included: dementia, atrial fibrillation and spinal stenosis. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. Tenant #2 resided in the dementia unit and was discharged on 9-4-14. Nurse's Notes dated 8-18-14 indicated Tenant #2's family reported Tenant #2 verbalized suicidal thoughts on 8-17-14. One hour safety checks were immediately initiated. Tenant #2's spouse was encouraged to report to staff immediately via emergency call light if Tenant #2 attempted any action between the hourly checks. Nurse's Notes dated 8-19-14 indicated Tenant #2's doctor	A 037		

DEPARTMENT OF INSPECTIONS AND APPEALS

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	S0241	A. BUILDING: _____ B. WING _____	C 02/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT LUTHER PARK	2910 E16TH STREET DES MOINES, IA 50316

(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 12 ordered Abilify 5 milligram (mg) at bedtime. Nurse's Notes dated 8-25-14 (90 day nurse review) indicated Tenant #2 voiced suicidal thoughts pre-admission and then again on 8-17-14. According to Nurse's Notes dated 10-30-14 (late entry for 9-4-14) Tenant #2 was taken to a hospital for a psychological evaluation due to aggression and an uncontrollable outburst towards family. Nurse's Notes dated 10-30-14 indicated Tenant #2's family moved Tenant #2's belongings out as Tenant #2 transferred to a higher level of care. Cognitive, health and functional evaluations were not completed with Tenant #2's verbalization of suicidal ideation and new order for Abilify. A 90 day nurse review was completed on 8-25-14; however, evaluations were not completed with a significant change. 3. Tenant #3, an 82 year old, was admitted on 4-4-14 and diagnoses included: hypertension (HTN), dementia, diabetes mellitus type 2 and hypothyroidism. Tenant #3 was staged at three on the GDS, which indicated mild cognitive decline. Tenant #3 resided in the dementia unit. Nurse's Notes dated 10-9-14 indicated staff found Tenant #3 on the floor last evening in the bedroom. Tenant #3 sustained a skin tear on the right lower extremity below the knee. Nurse's Notes dated 10-10-14 indicated Tenant #3 was sent out to the hospital due to unresponsiveness. Nurse's Notes dated 10-20-14 indicated Tenant #3 had a fracture to the left shoulder and was at another facility for skilled services. Tenant #3 returned to the Program on 11-13-14. According to Nurse's Notes dated 11-25-14 (90 day nurse review) Tenant #3 wore a sling on the left arm for the fracture.	A 037		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 037	Continued From page 13 Cognitive, health and functional evaluations were not completed post shoulder fracture, skilled nursing facility stay and returned to the Program with a sling. 4. Tenant #5, a 79 year old, was admitted on 7-18-14 and diagnoses included: dementia, acute delirium, clostridium difficile and pneumonia. Tenant #5 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #5 resided in the dementia unit. Nurse's Notes dated 8-29-14 indicated Tenant #5 tested positive for clostridium difficile and was re-started on Flagl 500 mg 3 times daily for 14 days. A new order was received for Vancomycin 4 times daily for 14 days, according to Nurse's Notes dated 9-9-14. Nurse's Notes dated 11-6-14 indicated Vancomycin was received and Tenant #5 was to start dosage at 4:00 p.m. Nurse's Notes dated 11-7-14 indicated stool results were received and Tenant #5 tested positive for clostridium difficile. Nurse's Notes dated 11-24-14 indicated an order was received for Tenant #5 to wear Edema Wear on in the a.m. and off in the p.m. Nurse's Notes dated 12-4-14 indicated Tenant #5 was to start another regimen of Vancomycin 4 times daily for 14 days. Nurse's Notes dated 1-6-15 indicated Tenant #5 had increased anxiety and Ativan 0.5 mg one tablet by mouth twice daily was ordered. According to Nurse's Notes dated 1-27-15 a new order was received for Ativan 0.5 mg for break through agitation. Tenant #5 also had an order for 0.5 mg Ativan twice daily. According to Nurse's Notes dated 1-30-15 indicated Sertraline 150 mg daily and to continue to hold Ativan until Monday was ordered.	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
	S0241	A. BUILDING: _____ B. WING _____	C 02/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT LUTHER PARK	2910 E16TH STREET DES MOINES, IA 50316

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A 037	Continued From page 14 Cognitive, health and functional evaluations were not completed with the diagnosis and repeated treatment of clostridium difficile and increased anxiety and new medication orders. 5. Tenant #7, a 98 year old, was admitted on 2-10-11 and diagnoses included: dementia, HTN, depression and pneumonia. Tenant #7 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #7 resided in the dementia unit. According to Nurse's Notes dated 1-5-15 new orders were received for anti-embolism hose. Nurse's Notes dated 1-16-15 indicated Tenant #7 had a reddened, excoriated area under left breast and groin area. New orders were received to wash reddened area with soup and water twice daily then apply 1% Hydrocortisone cream and Lotrimin Cream and then Zeasorb powder. When areas were healed then to wash every day and apply Zeasorb powder every day preventively. According to Physician's Orders dated 1-21-15, for lower legs apply water, 0.1% Triamcinolone cream and Vaseline twice per day was ordered. Cognitive, health and functional evaluations were not completed with the order of anti-embolism hose, reddened and excoriated areas and treatment of those areas.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant ' s occupancy and as needed with significant change, but not less than annually.	A 085		

DEPARTMENT OF INSPECTIONS AND APPEALS

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GARDENS AT LUTHER PARK	2910 E16TH STREET DES MOINES, IA 50316

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A 085	Continued From page 15 This REQUIREMENT is not met as evidenced by: Based on tenant files, the Program failed to update service plans when tenants had a significant change in condition for five tenants (Tenants #1, #2, #3, #5 and #7). (Recertification) 1. Tenant #1, a 91 year old, was admitted on 1-1-13 and had a diagnosis of restless leg syndrome. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #1 resided in the dementia unit. According to Nurse's Notes dated 10-30-14, it was reported on 10-29-14 that Tenant #1 was found outside by a peer (tenant) and was brought back inside the building by a peer (tenant). Staff was notified by a peer (tenant). There were no apparent injuries and the electronic wandering monitoring device was on Tenant #1's key chain and another device was placed on Tenant #1. Family was made aware of the incident. According to an Incident/Accident Report, on 10-29-14 at 6:00 p.m. Tenant #1 was found by a peer (tenant) and was brought back by a peer (tenant). There were no injuries related to the incident. According to a Program document, on 10-29-14 at approximately 6:30 p.m. Tenant #1 followed another tenant onto the third floor elevator (in the dementia unit) and then followed the tenant outside the building. A third tenant returned to the Program and was summoned by the other tenant to help get Tenant #1 back into the building. The	A 085		

DEPARTMENT OF INSPECTIONS AND APPEALS

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	S0241	A. BUILDING _____ B. WING _____	C 02/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT LUTHER PARK	2910 E16TH STREET DES MOINES, IA 50316

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A 085	Continued From page 16 third tenant assisted Tenant #1 back onto the elevator and to third floor where the third tenant found a staff to assist Tenant #1. Tenant #1 was already receiving two hour checks as Tenant #1 resided in the dementia unit. Tenant #1 had a electronic wandering monitoring device but was found to have removed it. Checks on the electronic wandering monitoring device were initiated every two hours. Tenant #1 did not sustain any injuries. According to Nurse's Notes dated 1-19-15, Tenant #1 had increased wandering and going into other tenant apartments. It was explained to Tenant #1's family that staff would attempt to increase redirection attempts but if unable to solve the issue would be looking at a higher level of care. The service plan was not updated after Tenant #1's elopement and with increased wandering. 2. Tenant #2, an 85 year old, was admitted on 4-22-14 and diagnoses included: dementia, atrial fibrillation and spinal stenosis. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. Tenant #2 resided in the dementia unit and was discharged on 9-4-14. Nurse's Notes dated 8-18-14 indicated Tenant #2's family reported Tenant #2 verbalized suicidal thoughts on 8-17-14. One hour safety checks were immediately initiated. Tenant #2's spouse was encouraged to report to staff immediately via emergency call light if Tenant #2 attempted any action between the hourly checks. Nurse's Notes dated 8-19-14 indicated Tenant #2's doctor ordered Abilify 5 milligram (mg) at bedtime. Nurse's Notes dated 8-25-14 (90 day nurse review) indicated Tenant #2 voiced suicidal	A 085		

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A 085	Continued From page 17 thoughts pre-admission and then again on 8-17-14. According to Nurse's Notes dated 10-30-14 (late entry for 9-4-14) Tenant #2 was taken to a hospital for a psychological evaluation due to aggression and an uncontrollable outburst towards family. Nurse's Notes dated 10-30-14 indicated Tenant #2's family moved Tenant #2's belongings out as Tenant #2 transferred to a higher level of care. The service plan was not updated with Tenant #2's verbalization of suicidal ideation and a new order for Abilify. 3. Tenant #3, an 82 year old, was admitted on 4-4-14 and diagnoses included: hypertension (HTN), dementia, diabetes mellitus type 2 and hypothyroidism. Tenant #3 was staged at three on the GDS, which indicated mild cognitive decline. Tenant #3 resided in the dementia unit. Nurse's Notes dated 10-9-14 indicated staff found Tenant #3 on the floor last evening in the bedroom. Tenant #3 sustained a skin tear on the right lower extremity below the knee. Nurse's Notes dated 10-10-14 indicated Tenant #3 was sent out to the hospital due to unresponsiveness. Nurse's Notes dated 10-20-14 indicated Tenant #3 had a fracture to the left shoulder and was at another facility for skilled services. Tenant #3 returned to the Program on 11-13-14. According to Nurse's Notes dated 11-25-14 (90 day nurse review) Tenant #3 wore a sling on the left arm for the fracture. The service plan was updated on 11-13-14 and reflected Tenant #3 wore a sling. The service plan was not updated post shoulder fracture and skilled nursing facility stay. 4. Tenant #5, a 79 year old, was admitted on	A 085		

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A 085	Continued From page 18 7-18-14 and diagnoses included: dementia, acute delirium, clostridium difficile and pneumonia. Tenant #5 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #5 resided in the dementia unit. Nurse's Notes dated 8-29-14 indicated Tenant #5 tested positive for clostridium difficile and was re-started on Flagl 500 mg 3 times daily for 14 days. A new order was received for Vancomycin 4 times daily for 14 days, according to Nurse's Notes dated 9-9-14. Nurse's Notes dated 11-6-14 indicated Vancomycin was received and Tenant #5 was to start dosage at 4:00 p.m. Nurse's Notes dated 11-7-14 indicated stool results were received and Tenant #5 tested positive for clostridium difficile. Nurse's Notes dated 11-24-14 indicated an order was received for Tenant #5 to wear Edema Wear on in the a.m. and off in the p.m. Nurse's Notes dated 12-4-14 indicated Tenant #5 was to start another regimen of Vancomycin 4 times daily for 14 days. Nurse's Notes dated 1-6-15 indicated Tenant #5 had increased anxiety and Ativan 0.5 mg one tablet by mouth twice daily was ordered. According to Nurse's Notes dated 1-27-15, a new order was received for Ativan 0.5 mg for break through agitation. Tenant #5 also had an order for 0.5 mg Ativan twice daily. According to Nurse's Notes dated 1-30-15, Sertraline 150 mg daily and to continue to hold Ativan until Monday was ordered. The service plan was not updated with the diagnosis and repeated treatment of clostridium difficile and increased anxiety with new medication orders. 5. Tenant #7, a 98 year old, was admitted on 2-10-11 and diagnoses included: dementia, HTN, depression and pneumonia. Tenant #7 was	A 085		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 085	Continued From page 19 staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #7 resided in the dementia unit. According to Nurse's Notes dated 1-5-15 new orders were received for anti-embolism hose. Nurse's Notes dated 1-16-15 indicated Tenant #7 had a reddened, excoriated area under left breast and groin area. New orders were received to wash reddened area with soup and water twice daily then apply 1% Hydrocortisone cream and Lotrimin Cream and then Zeasorb powder. When areas were healed then to wash every day and apply Zeasorb powder every day preventively. According to Physician's Orders dated 1-21-15, for lower legs apply water, 0.1% Triamcinolone cream and Vaseline twice per day was ordered. The service plan was not updated with the order for anti-embolism hose, reddened and excoriated areas and treatment of those areas.	A 085		
A 157	481-69.35(1)e Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. e. The structure in which a program is housed shall be built, at a minimum, of Type V (111) construction as provided in Section 22.3.1.3.3 and Sections 6.2.1A to 6.2.2 of NFPA 101, Life Safety Code, 2003 edition, published by the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169-7471, or as required in administrative rules promulgated by the state fire marshal. This REQUIREMENT is not met as evidenced	A 157		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 157	Continued From page 20 by: Based on staff interviews, a tenant file review and Program documents, the Program failed to provide a safe building. A wooden child gate was placed in a stairwell in the dementia unit to deter a tenant from leaving. The placement of the gate in the stairwell impeded egress in the stairwell in the event of an emergency. (Complaint #49916-C) 1. The Program consisted of a general population on first and second floors and a dedicated dementia unit on third floor. The dedicated dementia unit had secured doors as required by administrative rule. 2. Tenant #8, an 89 year old, was admitted on 5-31-11 and diagnoses included: abnormality of gait, hypertension, senile dementia, depressive disorder and Alzheimer's disease. Tenant #8 was staged at a six on the Global Deterioration Scale, which indicated severe cognitive decline. Tenant #8 resided in the dementia unit and was discharged on 10-4-14. 3. According to an Incident/Accident Report, on 9-3-14 at 4:30 p.m. staff found Tenant #8 on the stairwell after pushing the delayed egress door. 4. According to a fax to the doctor on 9-8-14, Tenant #8 was found in the stairwell on the first floor after going through the egress door on third floor. No falls or injuries were noted but due to safety concerns the Program requested a need for a higher level of care. 5. According to an interview with the Nurse on 2-10-15 at 2:41 p.m., a wooden child gate was put up in the west stairwell in the dementia unit	A 157		

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A 157	Continued From page 21 (third floor), as authorized by the former Administrator. The Nurse said it was a standard wooden child gate and it could be removed. There were no outcomes or falls related to the gate. The Nurse said it was put in the stairwell either before or after an incident with Tenant #8. Staff tried to redirect Tenant #8 away and painter's tape was put across two doors in the dementia unit. The tape was put across the west door and the door to the main hall. 6. According to an interview with the Director of Health Services on 2-10-15 at 3:29 p.m., the Nurse informed the Director of Health Services there was previously tape on one to two doors in the dementia unit and a child gate in a stairwell to deter Tenant #8. The Director of Health Services had not observed the placement of the tape or the gate.	A 157		

The Gardens at Luther Park Plan of Correction- February 24, 2015

A 003 481-67.2 Policies and procedures

1. Tenant #2 has been discharged from program.
2. An all staff in-service will be completed on 3/05/15 in regard to incident reports. Staff education will be provided on the requirement of completing incident reports with any accident or unusual occurrence that affects tenants.
3. Program RN or designee will review the staff communication book not less than weekly to identify any notes of unusual occurrences and ensure there are corresponding incident reports. Program RN or designee will initial/date on the incident report flow sheet that she/he has reviewed the communication book.
4. Regulatory insufficiency will be corrected effective 3/5/2015.

A 025 481-67.4(4) Program Notification to Department

1. An all staff in-service will be completed on 3/05/15 and staff education will be provided on the elopement policy & requirement for notification to the Department within 24 hours, or next business day. Staff will sign off on the policy that they have been educated & understand the policy.
2. Program has incorporated its elopement policy to be reviewed & signed by staff upon hire. A mock elopement was performed on 2/15/15 to ensure staff understood the elopement policy.
3. Maintenance or designee will conduct a mock elopement scenario quarterly to ensure staff understanding of the elopement policy.
4. Regulatory insufficiency will be corrected effective 3/5/15.

A 056 481-67.9(2) Staffing

1. Staff members C, D, & E were all trained on the alarm system on 02/24/15.
2. Program has incorporated alarm system training to be reviewed & signed by staff upon hire. A mock alarm drill was performed in conjunction with the mock elopement on 2/15/15 to ensure staff understood the alarm system.
3. Maintenance or designee will conduct a mock alarm drill quarterly to ensure staff understanding of the alarm system.
4. Regulatory insufficiency will be corrected effective 3/5/15.

A 061 481-67.9(4)d Staffing

1. A staff in-service will be completed on 3/5/15 to include delegation of medication administration and duoderm training as well as all tasks staff are currently performing. Staff members D, E, & F will be a part of this training.
2. As of 2/24/15 all medication & treatment administration records were audited to ensure all tasks currently performed by staff have corresponding delegations. All delegations will be reviewed at

the in-service on 3/5/15 and signed off by RN and staff. A delegation checklist has been developed to ensure that all delegated task sheets are in the delegation training packet.

3. RN or designee will audit MARs & TARs not less than monthly to make sure delegations are completed for all tasks the staff is performing.
4. Regulatory insufficiency will be corrected effective 3/5/15.

A 063 481-67.9(4) Staffing

1. A staff in-service will be completed on 3/5/15 to include education that services shall be provided in accordance with training staff has been given. Infection control principles with washing hands, donning gloves, changing of gloves will be reviewed. Delegations for glucometer checks, nebulizer treatments, and eye drop installation will be part of the full delegations reviewed and signed by RN & staff.
2. Delegations will be reviewed & signed by RN and staff upon hire and as needed. RN or designee will review infection control principles monthly at scheduled in-services.
3. RN or designee will perform random audits of staff performing medication administration as well as performing treatments on a quarterly basis to ensure staff is providing services in accordance with their training. Retraining will be provided to staff as needed.
4. Regulatory insufficiency will be corrected effective 3/5/15.

A 037 481-69.22(2) Evaluation of Tenant

1. Tenant #1 had cognitive, health, & functional evaluations completed on 3/3/15. Tenant #2 has been discharged from the program. Tenant #3 had cognitive, health, & functional evaluations completed on 2/20/15. Tenant #5 had cognitive, health, & functional evaluations completed on 2/25/15. Tenant #7 had cognitive, health, & functional evaluations on 2/27/15.
2. RN or designee will review staff communication book not less than weekly to identify any behaviors, unusual occurrences, incidents, etc. that may trigger the need for significant change assessments. RN or designee will review MARs/TARs not less than monthly to identify any new orders or change in orders that may trigger the need for significant change assessments.
3. Director of Health Services or designee will perform random chart audits quarterly to ensure significant change assessments are identified & completed as required.
4. Regulatory insufficiency will be corrected effective 3/5/15.

A 085 481-69.26(3) Service Plans

1. Tenant #1 had service plan updated on 3/3/15. Tenant #2 has been discharged from the program. Tenant #3 had service plan updated 2/20/15. Tenant #5 had service plan updated 2/25/15. Tenant #7 had service plan updated 2/27/15.
2. RN or designee will review staff communication book not less than weekly to identify any behaviors, unusual occurrences, incidents, etc. that may trigger the need for significant change assessments as well as service plan updates. RN or designee will review MARs/TARs not less than monthly to identify any new orders or change in orders that may trigger the need for significant change assessments as well as service plan updates.

3. Director of Health Services or designee will perform random chart audits quarterly to ensure service plans have been updated appropriately.
4. Regulatory insufficiency will be corrected effective 3/5/15.

A 157 481-69.35(1)e Structural Requirements

1. Tenant #8 has been discharged from the program.
2. A staff in-service will be completed 3/5/15 to include the importance of a safe building. Staff will be educated that the stairwell must be clear & free of any object that may impede egress in the stairwell in the event of an emergency.
3. Maintenance will check the stairwells not less than weekly to ensure they are clear of any object that may impede egress.
4. Regulatory insufficiency will be corrected effective 3/5/15.