IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 15, 2015

Incident Intake #: 50036-I

Ms. Jeannine Bunge, Director
Community Memorial Assisted Living
233 North 8th Avenue West
Hartley, IA 51346

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Community Memorial Assisted Living, Hartley, IA

Dear Ms. Bunge:

Enclosed is the **Final 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 **April 8 & 9, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Evaluation of Tenant.

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 **S0150** with effective dates of **July 19, 2014** through **July 18, 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
	S0150	A. BUILDING: _____ B. WING _____	C 04/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY MEMORIAL AL	233 NORTH 8TH AVENUE WEST HARTLEY, IA 51346

(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: 12 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 13 TOTAL census of Assisted Living Program: 13 The following regulatory insufficiencies were cited during the investigation of Incident/Complaint #50036-I and the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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	A 037		

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A 037	Continued From page 1 exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview, incident reports, and record review, evaluations of function, cognition, and health were not completed with changes of condition to determine any changes to services needed. Incident #50036-I: The Program reported Tenant #1 eloped. 1. Tenant #1, an 85 year-old, was admitted on 7-1-12 and had diagnoses of: senile dementia and osteoporosis. On 8-20-14 Tenant #1 was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. Evaluations of 8-20-14 documented Tenant #1 was independent with ambulation and required assistance with planning activities. The 90-day nurse review dated 8-20-14 documented Tenant #1 had severe short-term memory impairment and staff was to complete two-hour checks for safety as Tenant #1 was unable to use the emergency pendant. The Program was not dementia-specific by definition and was not required to have exit doors alarmed. Notes dated 9-2-14 documented the Program met with the family of Tenant #1 to discuss a higher level of care related to the number of hours per month staff spent caring for Tenant #1.	A 037		

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A 037	Continued From page 2 An incident report dated 9-9-14 and timed 12:15 p.m. documented staff left the Program through a north door to get Tenant #1's spouse from the clinic on the same campus as the assisted living Program. Staff found Tenant #1 standing on the sidewalk 10 feet from the exit door. Tenant #1 was looking for the spouse, and Tenant #1 was aware the spouse was at the clinic. There were no observed injuries. Tenant #1 accompanied the staff member to the clinic to get the spouse, and then all returned to the Program. A note documented by the LPN dated 9-9-14 documented Tenant #1 was last seen at noon and the clinic had called at 12:15 p.m. to have the spouse picked up from the clinic. In an interview with the RN on 4-8-15 at 1:00 p.m. the RN stated Tenant #1 was dressed appropriately for the weather, and there were no adverse weather conditions on the day of the elopement. Tenant #1 had not eloped before. Staff A was interviewed on 4-8-15 at 10:20 a.m. and stated Tenant #1 had not gotten out of the building without staff knowledge prior to 9-9-14. A nurse review was completed on 9-9-14 by the RN documented Tenant #1 did not have a history of wandering or exit-seeking behavior. According to the nurse review, Tenant #1 often sat outside on the front porch with the spouse. Following the elopement, the Program instituted half-hour checks when Tenant #1's spouse was out of the building. A service plan was completed on 9-9-14 which	A 037		

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A 037	Continued From page 3 indicated the half-hour checks when the spouse was absent. On 10-10-14 the service plan was updated to include the use of a wander guard bracelet, to alarm staff when Tenant #1 was near exit doors. A nurse review dated 10-10-14 documented Tenant #1 had eloped from the Program and the wander guard system was put into use. Tenant #1 was discharged from the Program to a higher level of care on 11-10-14. Tenant #1, who was cognitively impaired, eloped on 9-9-14. The service plan was updated with changes in services needed on 9-9-14 to direct staff to check on Tenant #1 more frequently when the spouse was out of the building. The service plan was also updated on 10-10-14 to include the use of the wander guard. Evaluations were not completed with a change of condition when changes to services were needed. 2. Tenant #2, a 94 year-old, was admitted on 7-30-08 and had diagnoses of: hypertension, senile dementia, osteoarthrosis, and aortic valve disorders. Evaluations of function, cognition, and health were completed on 1-30-15. Tenant #2 was staged at five on the GDS which indicated moderately severe cognitive decline. A physician contact form dated 2-18-15 documented Tenant #2 had a weight loss of eight pounds in the previous month. The form also documented Tenant #2 continued with pain to the back of the head, neck, and shoulder. A physician contact form dated 3-4-15	A 037		

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A 037	Continued From page 4	A 037		

documented Tenant #2 "has had significant decline" over the past few months, including cognitive and functional decline, increased depression and anxiety, frequent urinary infections, and chronic pain to neck and shoulders. Tenant #2 had been diagnosed with congestive heart failure and needed increased assistance with activities of daily living. An order was requested for a consult for hospice service which the physician agreed to.

Notes dated 3-10-15 documented Tenant #2's family was out of state for the winter and would decide about hospice upon return around 4-1-15. There was no documentation of a family decision at the time of the onsite visit.

The most recent evaluations for Tenant #2 were completed on 1-30-15. A physician contact form dated 3-4-15 clearly documented a significant change of condition and the resulting request for a hospice consult. Evaluations were not completed after 1-30-15 with a significant change of condition.

3. Tenant #3, a 91 year-old. was admitted on 3-22-12 and had diagnoses of: degenerative joint disease, aortic insufficiency with mitral valve prolapse, peripheral neuropathy, osteoporosis, and anxiety. On 2-5-15 the cognitive screening tool revealed Tenant #3 had four errors which indicated mild cognitive impairment.

An variance report dated 2-20-15 and timed 4:00 a.m. documented Tenant #3 was found on the floor. Blood was covering the face, arms, and floor. A laceration was across the bridge of the nose and above the left eye. Tenant #3 was in the apartment at the time. The ambulance was

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A 037	Continued From page 5 called, and Tenant #3 was transported to the hospital. According to a nurse review completed on 2-20-15 at 9:00 a.m. Tenant #3 returned to the Program on 2-20-15 with multiple stitches across the bridge of nose and brow area. Bruising was present around the eyes. The nurse review documented a history of falls and the use of a negotiated risk agreement related to falls and refusal to use a cane or walker in the apartment. The nurse review documented staff was to assist Tenant #3 to the bathroom twice during the night. The service plan of 2-5-15 was updated with changes following the fall of 2-20-15. Evaluations of function, cognition, and health were not completed following a significant change of condition, a head injury requiring treatment at the hospital, to determine changes to services needed. 4. Tenant #4, a 93 year-old, was admitted on 11-13-14 and had diagnoses of: atrial fibrillation, osteoporosis, and anxiety. Evaluations completed prior to admission on 11-10-14 documented Tenant #4 was independent with ambulation using a walker. A nurse review dated 11-17-14 documented Tenant #4 was reported by staff to be unable to walk to the dining room for meals and requesting staff to push a wheelchair to and from meals. Tenant #4 reported being too short of breath to walk the distance. The nurse review documented Tenant #4's inability to do own laundry, the inability to remove support stockings at night, and the assistance of staff to evacuate the building in an emergency; all were changes from the	A 037		

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A 037	Continued From page 6 evaluations and service plan of 11-10-14. A new service plan was completed on 11-17-14 with changes to services needed. Evaluations were not completed with a change of condition to determine changes to services needed.	A 037		

April 20, 2015

Department of Inspections and Appeals
Attn: Rose Boccella
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Boccella:

On behalf of Community Memorial Assisted Living, I respectfully submit our Plan of Correction for your approval. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law.

A037 - Evaluation of Tenant

Elements detailing how the Program will correct each regulatory insufficiency.

- Tenant #1 no longer resides at Community Memorial Assisted Living.
- The RN will complete a health, functional, and cognitive assessment for Tenant #2, #3, and #4.

What measures will be taken to ensure the problem does not recur.

- The RN will be re-educated on regulatory requirements for completing an Evaluation of Tenant. This education will include discussion of requirements prior to move-in, within 30 days of move-in, annually, and with a significant change in condition.

How the Program plans to monitor performance to ensure compliance.

- The RN or designee will monitor charts for compliance at least two times per year to ensure regulatory compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by May 8, 2015.

If you have questions, please feel free to contact me at 712-728-2524. Thank you.

Sincerely,

Cristie Tewes RN
RN Manager