IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 21, 2015

Complaint/Incident Intake #: 50999-I

Mr. Fredrick Killian, Executive Director
Waterford at Ames
1325 Coconino Road
Ames, IA 50010

RE: Final Incident Investigation and Recertification Monitoring Evaluation Report – Waterford at Ames, Ames, IA

Dear Mr. Killian:

Enclosed is the **Final Incident Investigation and 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 13 -15, 2015.**

In November 2014, the Program reported to the DIA an incident between a tenant and a staff member in which the staff member failed to give a medication. It was documented the staff member gave some medications during the evening hours, but the tenant did not want the medication "for sleep" at the time the staff member offered the medication. The staff member did not administer the medication, as evidenced by an envelope which contained the medication. Upon review of tenants' records and interviews, the incident appeared to be an isolated one-time situation. The staff member, at the time of the incident, had submitted a resignation. The staff member was not at the Program after the incident. No regulatory insufficiencies were cited in relation to this incident.

The Report notes Regulatory Insufficiencies found during the survey in the area(s) of: Dependent Adult Abuse Training, Service Plans and Nurse Review. 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 **S0041** with effective dates of **April 23, 2015** through **April 22, 2017**.

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
	S0041	A. BUILDING. _____ B. WING _____	C 04/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT AMES ASSISTED LIVING	1325 COCONINO RD, STE 300 AMES, IA 50014

(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: 59 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 64 TOTAL census of Assisted Living Program: 64 No regulatory insufficiencies were cited during the investigation of Incident # 50999-I. The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program: 235B.16(5)(d)(2) A training program using a curriculum approved by the director of public health pursuant to section 135.11. Based on interview and documentation provided by the Program, the Program did not have a dependent adult abuse training curriculum approved by the director of public health. Upon entrance to the Program, the Program was asked to provide a current list of employees. From the list, employee files were selected for a review of dependent adult abuse training. Two files, for Staff A and Staff B, contained a certificate of completion which indicated the requirements were met for Iowa Code 235B.16(5)	A 000		

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A 000	Continued From page 2 dependent adult abuse training curriculum approved by the IDPH.	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 record review and observations, service plans did not meet the specific service needs of individual tenants. 1. Tenant #2, a 94 year-old, was admitted on 1-13-14 and had diagnoses of: hypertension, coronary artery disease, and osteoarthritis. Tenant #2 was admitted into hospice on 1-15-15 with congestive heart failure. The evaluations of 1-15-15 completed by the RN documented Tenant #2 had a Stage II pressure ulcer in the coccyx area. On 4-4-15 Tenant #2 was observed in the apartment. A hospital bed with half side rails covered with sheepskin was observed to be present.	A 083		

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A 083	Continued From page 3 The hospice plan of care dated 1-15-15 documented the use of a hospital bed, side rails, and a chair cushion. The service plan of 1-15-15 did not identify the use of the hospital bed with side rails, or the use of a chair cushion. The service plan did not identify interventions for Tenant #2 with impaired integrity of the skin. The service plan for Tenant #2 dated 1-15-15 did not meet the specific service needs of Tenant #2. On 4-4-15 Tenant #2 was observed in the apartment. A hospital bed with half side rails covered with sheepskin was observed to be present. The evaluation also documented Tenant #2 was not to be sent to the hospital for any cardiac episodes. A nurse review of 3-21-15 documented Tenant #2 had an episode where the eyes glazed over and Tenant #2 did not respond to verbal cues. The service plan of 1-15-15 did not give direction to staff as to how to respond to care for Tenant #2 during a cardiac episode. 2. Tenant #4, a 91 year-old, was admitted on 7-17-13 and had diagnoses of: arteriosclerotic heart disease, history of cerebrovascular accident with ataxia, history of bladder cancer, arthritis and history of aortic stenosis. Tenant #4 was admitted to hospice on 4-9-15. Evaluations of 4-9-15 documented Tenant #4 had a 20 pound weight loss in one month related to poor nutrition and a decline in health. The service plan of 4-9-15 did not identify interventions for weight loss related to poor nutrition. The service plan did not meet the specific service needs of Tenant #4.	A 083		

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A 096	Continued From page 4	A 096		
A 096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant ' s health status This REQUIREMENT is not met as evidenced by: Based on record review, nurse reviews were not completed with changes of condition to assess and document the health status of tenants, and to monitor progress related to previous recommendations. 1. Tenant #2, a 94 year-old, was admitted on 1-13-14 and had diagnoses of: hypertension, coronary artery disease, and osteoarthritis. Tenant #2 was admitted into hospice on 1-15-15 with congestive heart failure. A review of the medication administration record (MAR) for January 2015 documented an antibiotic Ciprofloxacin was given 1-14 through 1-21-15 to Tenant #2. The resident care notes and clinical record lacked documentation of a nurse review with the completion of the antibiotic to assess and document the health status of Tenant #2 and monitor progress related to the recommended	A 096		

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A 096	Continued From page 5 antibiotic. The February 2015 MAR documented an antibiotic Levofloxacin was ordered 2-2 through 2-11-15. The MAR also documented the antibiotic was not given 2-9 through 2-11-15. A nurse review dated 2-5-15 documented Tenant #2 had a productive cough with greenish sputum, and an expiratory rattle with shortness of breath. The nurse review documented the antibiotic had been discontinued. A nurse review was not completed to assess and document the health status of Tenant #2 and to monitor progress of Tenant #2's respiratory condition with the discontinuation of the antibiotic. 2. Tenant #4, a 91 year-old, was admitted on 7-17-13 and had diagnoses of: arteriosclerotic heart disease, history of cerebrovascular accident with ataxia, history of bladder cancer, arthritis and history of aortic stenosis. Tenant #4 was admitted to hospice on 4-9-15. On 3-9-15 the physician ordered an antibiotic Levofloxacin. According to the MAR, the antibiotic was given 3-10 through 3-19-15. Resident care notes dated 3-10-15 documented by the Licensed Practical Nurse (LPN) documented the antibiotic had been prescribed. A nurse review was not completed to assess and document the health status of Tenant #4 with a change of condition requiring antibiotic therapy. Resident care notes dated 3-1-15 and completed by the LPN documented Tenant #4 was taken to the emergency room (ER). Tenant #4 returned to the Program with new medication orders. Care notes dated 3-19-15 as a late entry for 3-16-15 and completed by the registered nurse (RN) documented Tenant #4 was sent to the ER on	A 096		

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A 096	Continued From page 6 3-16-15 for shortness of breath. Tenant #4 was diagnosed with pneumonia. A nurse review was not completed to assess and document the health status of Tenant #4 and to monitor progress related to the medications and the progression of the pneumonia and respiratory changes after the entry of 3-19-15 as a late entry for 3-16-15. 3. Tenant #5, an 87 year-old, was admitted on 4-18-11 and had diagnoses of: hypertension, degenerative joint disease, diabetes mellitus, and dementia. On 4-4-15 Tenant #5 was staged at five on the global deterioration scale which indicated moderately severe cognitive decline. According to the March 2015 MAR, Tenant #5 was given the antibiotic 3-5 through 3-12-15. The resident care notes dated 3-5-15 completed by the LPN documented the medication had been ordered. A nurse review was not completed to assess and document the health status of Tenant #5 who experienced a change of condition requiring antibiotic therapy. A nurse review was not completed following completion of the antibiotic to monitor progress related to antibiotic therapy. 4. Tenant #6, a 90 year-old, was admitted on 1-26-14 and had diagnoses of: anemia, chronic obstructive pulmonary disease, gastroesophageal reflux disease, hypertension, and osteoporosis. According to the March 2015 MAR, Tenant #6 was given the antibiotic Azithromycin 3-21 through 3-26-15. Resident care notes dated 3-20-15 completed by the LPN documented the	A 096		

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A 096	Continued From page 7 antibiotic had been ordered. A nurse review was not completed to assess and document the health status of Tenant #6 who experienced a change of condition requiring antibiotic therapy. A nurse review was not completed following the completion of the antibiotic to monitor progress related to antibiotic therapy. 5. Tenant #7, an 84 year-old, was admitted on 11-29-13 and had diagnoses of: anemia, atrial fibrillation, cardiomyopathy, and hypertension. Resident care notes dated 3-27-15 completed by the LPN documented Tenant #7 was started on the antibiotic Azithromycin. A nurse review was not completed to assess and document the health status of Tenant who experienced a change of condition requiring antibiotic therapy. A nurse review was not completed following the completion of the antibiotic to monitor progress related to antibiotic therapy.	A 096		

April 22, 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 The Waterford of Ames, 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.

235B – Dependent Adult Abuse Training

Elements detailing how the Program will correct each regulatory insufficiency.

- The Waterford will obtain approval for our Department Adult Abuse Curriculum from the Department of Public Health.
- Staff will be retrained on Dependent Adult Abuse.

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

- The Executive Director and/or designee will review curriculum at least annually to ensure it has not expired and that curriculum has been approved by the State of Iowa.

How the Program plans to monitor performance to ensure compliance.

- The Executive Director and/or designee will review curriculum at least annually to ensure it has not expired and that curriculum has been approved by the State of Iowa.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 05/15/2015.

A083 - Service Plans

Elements detailing how the Program will correct each regulatory insufficiency.

- The RN will develop a service plan for Tenant #2 and #4 to identify all tenant needs and requests for assistance.

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

- The RN will be re-educated on regulatory requirements for completion of Service Plans. This will include reviewing program policy and regulatory requirements.

How the Program plans to monitor performance to ensure compliance.

- The RN and/or designee will monitor tenant charts for compliance at least annually. In addition, the RN and/or designee will review tenant charts when completing a 90-day nurse review to ensure services are identified as necessary.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 05/15/2015.

A096 - Nurse Review

Elements detailing how the Program will correct each regulatory insufficiency.

- The RN will complete a nurse review for Tenant #2, #4, #5, #6,and #7. The nurse review will capture the tenant's current health status, recommendations and referrals as appropriate, progress related to previous recommendations, review of medication administration, outside service provides (if any), and status of concerns identified in the regulatory report.

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

- The RN will be re-educated on regulatory requirements for completion of Nurse Reviews. This will include reviewing program policy and regulatory requirements.

How the Program plans to monitor performance to ensure compliance.

- The RN and/or designee will monitor tenant charts for compliance at least annually. In addition, the RN and/or designee will review tenant charts when completing a 90-day nurse review to ensure services are identified as necessary.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 05/15/2015.

"This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of The Waterford at Ames as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."

If you have questions, please feel free to contact me at 515-292-2858. Thank you.

Sincerely,

Fredrick Killian
Executive Director