IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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

April 28, 2015

Ms. Michelle Jameson, Director
Homestead of Osceola
334 North West View Drive
Osceola, IA 50213

RE: Final Recertification Monitoring Evaluation Report – Homestead of Osceola, Osceola, IA

Dear Ms. Jameson:

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 **April 23, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, 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 **S0313** with effective dates of **October 8, 2014** through **October 7, 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
	S0313	A. BUILDING: _____ B. WING _____	04/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF OSCEOLA	334 NORTH WEST VIEW DRIVE OSCEOLA, IA 50213

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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: 32 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 34 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 11 Total Population of Program at time of on-site: 11 TOTAL census of Assisted Living Program: 45 The following regulatory insufficiencies were cited during the recertification 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	A 037		

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A 037	Continued From page 1 human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on record review and interview, evaluations of function, cognition, and health were not completed with changes of condition to determine continued eligibility for the program and determine any changes to serviced needed. 1. Tenant #1, a 77 year-old, was admitted on 4-1-13 and had diagnoses of: depressive disorder, diabetes, chronic airway obstruction, esophageal reflux, and anxiety. On 9-30-14 Tenant #1 had three errors on the short portable mental status questionnaire (SPMSQ) which indicated mild intellectual function. Incident reports documented the following: 1-25-15 at 11:15 a.m. After calling for help, Tenant #1 was found on the floor. Tenant #1 reported getting up and losing balance and falling. Nurse's notes dated 1-26-15 documented Tenant #1 was to use a walker at all times, or page for staff assistance. 2-4-15 at 3:10 p.m. After calling for help, Tenant #1 was found on the floor. Tenant #1 had been walking to the bathroom without a walker, lost balance, and fell. Tenant #1 was wearing slick slipper socks. Gripper socks were ordered and Tenant #1 and Tenant #1 was educated to use walker when ambulating. 3-8-15 at 11:15 a.m. After calling for help, found	A 037		

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A 037	Continued From page 2 on floor. Tenant #1 had hit the head against the refrigerator. Tenant #1 reported turning around and losing balance. Tenant #1 complained of head and neck pain. 911 was called. Nurse's notes dated 3-9-15 documented Tenant #1 returned from the emergency room with instructions for Tenant #1 to be awakened every two hours for 24 hours, then every four hours for 24 hours. 3-12-15 at 8:00 a.m. Tenant #1 called for help and was found on the floor. Tenant #1 stated he/she was putting something in the trash, stumbled backwards and fell. Nurse's notes dated 3-12-15 documented Tenant #1 was to "exercise caution" after using anxiety medication. A managed risk was put in place for refusal to use walker. 3-15-15 at 3:23 a.m. Tenant #1 called for help and reported sitting on the side of the bed, sliding off the bed and landing on the floor. Nurse's notes dated 3-16-15 documented the registered nurse (RN) would discuss physical therapy (PT) with Tenant #1. Nurse's notes dated 3-16-15 documented a family member did not think medication for Tenant #1's depression was effective. Nurse's notes dated 3-20-15 at 3:57 p.m. documented Tenant #1 had two episodes of vomiting and did not feel well. Notes dated 3-20-15 and timed 4:14 p.m. documented Tenant #1 was taken to the hospital for uncontrolled nausea and vomiting. According to nurse's notes, Tenant #1 returned to the Program on 3-22-15. On 3-25-15 at 2:45 p.m. nurse's notes documented Tenant #1 had continued nausea and vomiting.	A 037		

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A 037	Continued From page 3 A nurse review dated 3-27-15 documented the Program had obtained a "reacher device" for Tenant #1 to use when picking up items off the floor. The nurse review documented the family was concerned about an increase in Tenant #1's depression. An incident report dated 4-10-15 at 7:35 p.m. documented Tenant #1 called for help and was found on the floor in front of the recliner. No injury was documented. The incident report documented Tenant #1 took Warfarin, a blood thinner, and refused further evaluation at the hospital. An incident report dated 4-12-15 at 5:15 p.m. documented Tenant #1 called for help and was found on the floor of the apartment between the bedroom and bathroom. Tenant #1 reported putting something in the refrigerator and falling to the floor. Tenant #1 reported being dizzy at the time of the fall hitting the head on the floor. The incident report documented a managed risk was put in place for not using the walker properly. Nurse's notes dated 4-16-15 documented Tenant #1 was started on PT. Nurse's notes dated 4-22-15 documented Tenant #1 was seen at the physician's office for follow-up and a medication review for falls. The RN also asked that Tenant #1 be checked for a urinary infection. Tenant #1 was started on an antibiotic for a urinary infection after the physician appointment. During the physician visit, medications were adjusted including Gabapentin and Cymbalta, an antidepressant. Trazodone, an antidepressant, was discontinued.	A 037		

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A 037	Continued From page 4 The most recent evaluations of function, cognition, and health were completed for Tenant #1 on 9-30-14. Beginning 1-26-15, Tenant #1 had multiple falls, two resulting in hits to the head. Tenant #1 was taking a blood thinner, and Tenant #1 was encouraged to be evaluated at the hospital for further injury. Tenant #1 was evaluated at the hospital on one occasion following a hit to the head and returned with instructions for frequent monitoring. PT was ordered due to the frequent falls. Tenant #1, a diabetic, was admitted to the hospital for nausea and vomiting. The family of Tenant #1 expressed concern with Tenant #1's increasing depression. Medications were adjusted. Tenant #1 was diagnosed with a urinary infection and an antibiotic was started. On 4-23-15 at 12:02 p.m., the RN was interviewed and stated antibiotics for a urinary infection, hospitalization for nausea and vomiting, PT for falls, and a visit to the emergency room were standard interventions as well as the gripper socks, reminders to call for help and use the walker. Tenant #1 exhibited significant changes of condition requiring standard disease-related interventions. Evaluations were not completed after 9-30-14, for significant changes of condition requiring standard disease-related interventions that impact mental, physical, and functional status. 2. Tenant #3, a 98 year-old, was admitted on 12-19-14 and had diagnoses of: dementia and hypertension. On 1-28-15 Tenant #3 was staged at four on the global deterioration scale (GDS) which indicated moderate cognitive decline. Tenant #3 resided in the secured dementia unit.	A 037		

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A 037	Continued From page 5 The most recent evaluations were completed on 1-28-15. The occurrence report documented Tenant #3 was found on the floor on 4-12 and 4-13-15. Nurse's notes dated 4-13-15 at 8:55 a.m. documented Tenant #3 was found sitting on the floor between the bed and the wall. There were no apparent injuries. Notes dated 4-13-15 at 9:14 a.m. documented "this morning" Tenant #3 was found face down on top of the walker. Tenant #3 complained of feeling "fuzzy." Tenant #3 had a small laceration above the left eye, and the left eye appeared to be bruising due to eye glasses. RN #2 documented the physician would be consulted for possible PT, which was ordered on the same day. Evaluations of function, cognition, and health were not completed with a change of condition, two falls in two days which resulted in the standard disease-related intervention, PT. 3. Tenant #4, an 85 year-old, was admitted on 6-17-13 and had diagnoses of: coronary atherosclerosis, congestive heart failure, asthma, diabetes, hypertension, esophageal reflux, and diabetic neuropathy. Nurse's notes dated 2-17-15 and timed 8:59 a.m. documented Tenant #4 complained of right leg discomfort. The RN documented the lower right leg was very red and hot to the touch. Tenant #4 reported being unable to walk on the leg. Tenant #4 was transported to the hospital. Notes of 2-17-15 and timed 1:36 p.m. documented Tenant #4 was diagnosed and admitted with cellulitis. Notes of 2-20-15 documented Tenant #4 returned	A 037		

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A 037	Continued From page 6 to the Program. Notes dated 2-17-15 documented Methicillin Resistant Staphylococcus Aureus (MRSA) cellulitis was suspected. An antibiotic was ordered for 10 days. Staff was to report a temperature above 110.3 degrees to the nurse. Notes dated 3-5-15 documented Tenant #4 was seen in the physician's office for the cellulitis which was slowly improving. The antibiotic was continued. The leg was to be assessed daily for worsening or change. The most recent evaluations of function, cognition, and health were completed on 9-10-14. Evaluations were not completed with a significant change of condition, cellulitis of the leg for which Tenant #4 had difficulty walking, was admitted to the hospital for increased care, returned to the Program with antibiotics and monitoring. Evaluations were not completed with a change of condition to determine any changes to services needed.	A 037		
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.	A 083		

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A 083	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on record review service plans were not based on evaluations and were not updated with changes to meet the specific service needs of the individual tenant. 1. Tenant #1, a 77 year-old, was admitted on 4-1-13 and had diagnoses of: depressive disorder, diabetes, chronic airway obstruction, esophageal reflux, and anxiety. On 9-30-14 Tenant #1 had three errors on the short portable mental status questionnaire (SPMSQ) which indicated mild intellectual function. Incident reports documented the following: 1-25-15 at 11:15 a.m. After calling for help, Tenant #1 was found on the floor. Tenant #1 reported getting up and losing balance and falling. Nurse's notes dated 1-26-15 documented Tenant #1 was to use a walker at all times, or page for staff assistance. 2-4-15 at 3:10 p.m. After calling for help, Tenant #1 was found on the floor. Tenant #1 had been walking to the bathroom without a walker, lost balance, and fell. Tenant #1 was wearing slick slipper socks. Gripper socks were ordered and Tenant #1 and Tenant #1 was educated to use walker when ambulating. 3-8-15 at 11:15 a.m. After calling for help, found on floor. Tenant #1 had hit the head against the refrigerator. Tenant #1 reported turning around and losing balance. Tenant #1 complained of head and neck pain. 911 was called. Nurse's notes dated 3-9-15 documented Tenant #1 returned from the emergency room with instructions for Tenant #1 to be awakened every two hours for 24 hours, then every four hours for	A 083		

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A 083	Continued From page 8 24 hours. 3-12-15 at 8:00 a.m. Tenant #1 called for help and was found on the floor. Tenant #1 stated he/she was putting something in the trash, stumbled backwards and fell. Nurse's notes dated 3-12-15 documented Tenant #1 was to "exercise caution" after using anxiety medication. A managed risk was put in place for refusal to use walker. 3-15-15 at 3:23 a.m. Tenant #1 called for help and reported sitting on the side of the bed, sliding off the bed and landing on the floor. Nurse's notes dated 3-16-15 documented the registered nurse (RN) would discuss physical therapy (PT) with Tenant #1. Nurse's notes dated 3-16-15 documented a family member did not think medication for Tenant #1's depression was effective. Nurse's notes dated 3-20-15 at 3:57 p.m. documented Tenant #1 had two episodes of vomiting and did not feel well. Notes dated 3-20-15 and timed 4:14 p.m. documented Tenant #1 was taken to the hospital for uncontrolled nausea and vomiting. According to nurse's notes, Tenant #1 returned to the Program on 3-22-15. On 3-25-15 at 2:45 p.m. nurse's notes documented Tenant #1 had continued nausea and vomiting. A nurse review dated 3-27-15 documented the Program had obtained a "reacher device" for Tenant #1 to use when picking up items off the floor. The nurse review documented the family was concerned with an increase in Tenant #1's depression.	A 083		

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A 083	Continued From page 9 An incident report dated 4-10-15 at 7:35 p.m. documented Tenant #1 called for help and was found on the floor in front of the recliner. No injury was documented. The incident report documented Tenant #1 took Warfarin, a blood thinner, and refused further evaluation at the hospital. An incident report dated 4-12-15 at 5:15 p.m. documented Tenant #1 called for help and was found on the floor of the apartment between the bedroom and bathroom. Tenant #1 reported putting something in the refrigerator and fell to the floor. Tenant #1 reported being dizzy at the time of the fall hitting the head on the floor. The incident report documented a managed risk was put in place for not using the walker properly. Nurse's notes dated 4-16-15 documented Tenant #1 was started on PT. Nurse's notes dated 4-22-15 documented Tenant #1 was seen at the physician's office for follow-up and a medication review for falls. The RN also asked that Tenant #1 be checked for a urinary infection. Tenant #1 was started on an antibiotic for a urinary infection after the physician appointment. During the physician visit, medications were adjusted including Gabapentin and Cymbalta, an antidepressant. Trazodone, an antidepressant, was discontinued. The most recent evaluations of function, cognition, and health were completed for Tenant #1 on 9-30-14. Beginning 1-26-15, Tenant #1 had multiple falls, two resulting in hits to the head. Tenant #1 was taking a blood thinner, and Tenant #1 was encouraged to be evaluated at the hospital for further injury. Tenant #1 was evaluated at the hospital on one occasion	A 083		

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A 083	Continued From page 10 following a hit to the head and returned with instructions for frequent monitoring. PT was ordered due to the frequent falls. Tenant #1, a diabetic, was admitted to the hospital for nausea and vomiting. The family of Tenant #1 expressed concern with Tenant #1's increasing depression. Medications were adjusted. Tenant #1 was diagnosed with a urinary infection and an antibiotic was started. The current service plan dated 9-30-14 did not identify the interventions of gripper socks, a "reacher device," the need to call for assistance to get up, or reminders to use the walker. Tenant #1 had seven falls beginning 1-25-15. The service plan did not identify interventions for fall prevention. On 4-16-15 an addendum was placed on the service plan identifying PT services for Tenant #1. The addition to the service plan was not based on evaluations. 2. Tenant #2, a 90 year-old, was admitted on 4-10-14 and had diagnoses of: anxiety disorder, hypertension, chronic airway obstruction, depressive disorder and diabetes. On 1-5-15 Tenant #2 had one error on the SPMSQ which indicated intact intellectual functioning. The Program was asked to complete a monitoring entrance form. On the form, the Program identified Tenant #2 as having a history of suicidal ideation. Nurse's notes dated 12-8-14 documented Tenant #2 was started on Paroxetine, an antidepressant. Tenant #2 reported the medication was "killing" him/her. The medication made Tenant #2 sick and Tenant #2 refused to take the medication.	A 083		

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A 083	Continued From page 11 Nurse's notes dated 12-12-14 documented Tenant #2 was started on Trazodone for insomnia. Nurse's notes dated 12-15-14 documented on 12-14-15 at 11:15 a.m. staff reported to a nurse that Tenant #2 was taking self to the emergency room (ER) for not feeling well. Tenant #2 returned to the Program at 3:00 p.m., but later was still not feeling well. Tenant #2 wanted to return to the ER at 5:00 p.m. and was sent via ambulance. Tenant #2 was diagnosed with total body pain and chronic joint pain. Tenant #2 returned to the Program, but at 12:53 a.m. on 12-15-14, Tenant #2 wanted to return to the ER. Once the ambulance arrived, Tenant #2 decided not to return to the ER. Notes dated 12-15-14 at 12:05 p.m. documented Tenant #2 was seen in the physician's office and documented depression and anxiety. Notes dated 12-16 and 12-19-14 documented Tenant #2 was better and had no suicidal thoughts. RN #2 was interviewed on 4-23-15 at 12:35 p.m. and stated a family member reported Tenant #2 had talked to the family member about hitting a bridge with the car. Notes dated 12-22-14 at 10:06 a.m. documented family decided to remove the car from Tenant #2's possession after Tenant #2 left the Program then called family stating he/she did not know where he/she was. Notes of 12-22-14 documented Tenant #2 told staff Tenant #2 would turn the scooter to high speed and run into the wall. Tenant #2 later denied having suicidal thoughts.	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0313	A. BUILDING: _____ B. WING _____	04/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF OSCEOLA	334 NORTH WEST VIEW DRIVE OSCEOLA, IA 50213

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A 083	Continued From page 12 Notes dated 12-30-14 documented Tenant #2 was in the ER for evaluation and told ER staff of thoughts of suicide, but had no plan. Tenant #2 was admitted to the hospital for evaluation. Tenant #2 returned to the Program on 1-5-15. Staff A Certified Medication Aide (CMA) stated she worked primarily in the general population section of the building where Tenant #2 resided. Staff A stated there were no tenants with suicidal thoughts, including Tenant #2. Evaluations were completed upon return to the Program on 1-5-15 and the service plan was updated. The service plan of 1-5-15 did not identify Tenant #2 verbalized suicidal thoughts and did not give staff direction in the event Tenant #2 expressed suicidal thoughts. The service plan was not updated to meet the identified needs of Tenant #2. 3. Tenant #3, a 98 year-old, was admitted on 12-19-14 and had diagnoses of: dementia and hypertension. On 1-28-15 Tenant #3 was staged at four on the global deterioration scale (GDS) which indicated moderate cognitive decline. Tenant #3 resided in the secured dementia unit. Tenant #3 had falls on 4-12 and 4-13-15. PT services were added to the service plan in an addendum dated 4-16-15. The addition to the service plan was not based on evaluations of function, cognition, and health following two falls. Nurse's notes dated 4-2-15 documented Tenant #3 was incontinent and staff was to offer toileting during routine hourly checks. Notes of 4-9-15 documented Tenant #3 had a steady weight loss	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0313	A. BUILDING. _____ B. WING _____	04/23/2015

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A 083	Continued From page 13 since admission. The notes documented staff prompted Tenant #3 to eat if needed, and room trays were provided if Tenant #3 did not eat breakfast. Snacks were provided between meals if needed. Notes of 4-9-15 also documented the physician ordered a nutritional supplement. A review of the current service plan dated 1-28-15 did not identify toileting was to be offered during routine hourly checks. The service plan did not identify interventions for the identified weight loss. The service plan did not meet the identified needs of Tenant #3. 3. Tenant #4, an 85 year-old, was admitted on 6-17-13 and had diagnoses of: coronary atherosclerosis, congestive heart failure, asthma, diabetes, hypertension, esophageal reflux, and diabetic neuropathy. Nurse's notes dated 2-17-15 and timed 8:59 a.m. documented Tenant #4 complained of right leg discomfort. The RN documented the lower right leg was very red and hot to the touch. Tenant #4 reported being unable to walk on the leg. Tenant #4 was transported to the hospital. Notes of 2-17-15 and timed 1:36 p.m. documented Tenant #4 was diagnosed and admitted with cellulitis. Notes of 2-20-14 documented Tenant #4 returned to the Program. Notes dated 2-17-15 documented Methicillin Resistant Staphylococcus Aureus (MRSA) cellulitis was suspected. An antibiotic was ordered for 10 days. The right leg was to be re-measured for a support stocking. Staff was to report a temperature above 110.3 degrees to the nurse. Notes dated 3-5-15 documented Tenant #4 was seen in the physician's office for the cellulitis	A 083		

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
	S0313	A. BUILDING. _____ B. WING _____	04/23/2015

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A 083	Continued From page 14 which was slowly improving. The antibiotic was continued. The leg was to be assessed daily for worsening or change. The most recent service plan was completed on 9-10-14. The service plan was not updated to identify signs or symptoms staff was to report to the nurse related to the cellulitis of the leg. The service plan did not identify a possible MRSA infection and did not give directions to staff to care for the leg with possible MRSA cellulitis and the application of a support stocking. The service plan did not meet the specific service needs of Tenant #4.	A 083		
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, a nurse review was not completed with a change of condition to assess and document the health status of each tenant 1. Tenant #1, a 77 year-old, was admitted on	A 096		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 096	Continued From page 15 4-1-13 and had diagnoses of: depressive disorder, diabetes, chronic airway obstruction, esophageal reflux, and anxiety. On 9-30-14 Tenant #1 had three errors on the short portable mental status questionnaire (SPMSQ) which indicated mild intellectual function. Nurse's notes dated 4-22-15 documented Tenant #1 was seen at the physician's office for follow-up and a medication review for falls. The RN also asked that Tenant #1 be checked for a urinary infection. Tenant #1 was started on an antibiotic for a urinary infection after the physician appointment. During the physician visit medications were adjusted including Gabapentin and Cymbalta, an antidepressant. Trazodone, an antidepressant, was discontinued. In an interview with the RN on 4-23-15 at 12:02 p.m. she stated she requested the physician evaluate Tenant #1 for a urinary infection as Tenant #1 seemed more confused the day of the physician appointment. A nurse review was not completed with a change of condition to assess and document the health status of Tenant #1 when Tenant #1 was more confused and was prescribed an antibiotic for a urinary infection. 2. Tenant #2, a 90 year-old, was admitted on 4-10-14 and had diagnoses of: anxiety disorder, hypertension, chronic airway obstruction, depressive disorder and diabetes. On 1-5-15 Tenant #2 had one error on the SPMSQ which indicated intact intellectual functioning. Nurse's notes dated 1-8-15 documented Tenant #2 was seen in the physician's office for respiratory congestion and shortness of breath.	A 096		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 096	Continued From page 16 Medications were prescribed for 10 days. A nurse review was not done with the completion of the medication to assess and document the health status of Tenant #2 and to monitor progress related to the prescribed therapy. Nurse's notes dated 1-23-15 documented Tenant #2 was seen in the physician's office and was diagnosed with a urinary infection. An antibiotic was prescribed for seven days. A nurse review was not done with the completion of the medication to assess and document the health status of Tenant #2 and to monitor progress related to the prescribed therapy. Nurse's notes dated 3-12-15 documented Tenant #2 was seen in the physician's office and was diagnosed with a urinary infection. An antibiotic was prescribed for seven days. A nurse review was not done with the completion of the medication to assess and document the health status of Tenant #2 and to monitor progress related to the prescribed therapy. 3. Tenant #3, a 98 year-old, was admitted on 12-19-14 and had diagnoses of: dementia and hypertension. On 1-28-15 Tenant #3 was staged at four on the global deterioration scale (GDS) which indicated moderate cognitive decline. Tenant #3 resided in the secured dementia unit. The occurrence report documented Tenant #3 was found on the floor on 4-12 and 4-13-15. Nurse's notes dated 4-13-15 at 8:55 a.m. documented Tenant #3 was found sitting on the floor between the bed and the wall. There were no apparent injuries. Notes dated 4-13-15 at 9:14 a.m. documented "this morning" Tenant #3 was found face down on top of the walker. Tenant #3 complained of feeling "fuzzy." Tenant #3 had a	A 096		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 096	Continued From page 17 small laceration above the left eye, and the left eye appeared to be bruising due to eye glasses. RN #2 documented the physician would be consulted for possible PT, which was ordered on the same day for strengthening. A nurse review was not completed to assess and document the health status of Tenant #3 related to falls which resulted in an order for PT for strengthening, a change of condition.	A 096		

Homestead Assisted Living & Memory Care- Osceola, IA
Plan of Correction following Recertification Monitoring Visit 4/23/2015

4/29/15

A 037 481-69.22(2) Evaluation of Tenant

Based on record review and interview, evaluations of function, cognition, and health were not completed with change of condition to determine continued eligibility for the program and determine any changes to services needed.

Tenant #1

Tenant # 1 exhibited significant changes of condition requiring standard disease-related interventions. Evaluations were not completed after 9/30/14, for significant changes of condition requiring standard disease –related interventions that impact mental, physical, and functional.

1. The program has corrected Tenant # 1 regulatory insufficiency, by completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.
   B. Functional Capacity Screen was completed on 4/24/15.
   C. Cognitive Screen was completed on 4/24/15.
   D. Negotiated Service Agreement updated on 4/24/15.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding tenant evaluation, state regulatory rules 481-69.22 (231) 69.22 (2), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored by onsite annually by Corporate QA/QI Team for continue compliance with focus on Evaluation of Tenant, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. ***A 307 regulatory insufficiency were corrected as followed:***
   A. **Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.**
   B. **Functional Capacity Screen was completed on 4/24/15.**
   C. **Cognitive Screen was completed on 4/24/15.**
   D. **Negotiated Service Agreement was updated on 4/24/15.**
   E. **Nursing Education was completed on 4/24/15.**
   F. **Corporate QA/QI Team will monitor Compliance with focus on Evaluation of Tenant, annually and accessing tenant's electronic charts at their discretion.**
   G. **The following regulation will be followed in regard to evaluation of tenant moving forward:**

      481-69.22(231C) Evaluation of Tenant

      69.22(2) Evaluations within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status with 30 days of occupancy. A program shall also evaluate each tenant's 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 of 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.

Tenant # 3

Evaluations of function, cognition, and health were not completed with a change of condition, two falls in two days which resulted in standard disease-related intervention, PT.

1. The program has corrected Tenant # 3 regulatory insufficiency, by completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.
   B. Functional Capacity Screen was completed on 4/29/15.
   C. GDS Completed. 4/29/15.
   D. Negotiated Service Agreement updated on 4/29/15.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding tenant evaluations, the following state regulatory rules 481-69.22 (231C) 69.22 (2), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Evaluations of Tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. ***A 307 regulatory insufficiency were corrected as followed:***
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.
   B. Functional Capacity Screen was completed on 4/29/15.
   C. GDS completed 4/29/15.
   D. Negotiated Service Agreement was updated on 4/29/15.
   E. Nursing Education was completed on 4/24/15.
   F. Corporate QA/QI Team will monitor Compliance with focus on Evaluations of Tenants, annually and accessing tenant's electronic charts at their discretion.
   G. The following regulation will be followed in regard to evaluation of tenant moving forward:

   481-69.22(231C) Evaluation of Tenant

   69.22(2) Evaluations within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status with 30 days of occupancy. A program shall also evaluate each tenant's 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 of 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.

Tenant # 4

Tenant # 4 the most recent evaluations of function, cognition, and health were completed on 9/10/14. Evaluations were not completed with a significant change of condition, cellulites of the leg for which Tenant #4 had difficulty walking, was admitted to hospital for increased care, returned to the program with antibiotics and monitoring. Evaluations were not completed with a change of condition to determine any changes to services needed.

1. The program has corrected Tenant # 4 regulatory insufficiency, by completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.
   B. Functional Capacity Screen was completed on 4/29/15.
   C. Cognitive Screen was completed on 4/29/15.
   D. Negotiated Service Agreement updated on 4/29/15.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding tenant evaluations, the following state regulatory rules 481-69.22 (231C) 69.22 (2), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored by onsite annually by Corporate QA/QI Team for continue compliance with focus on Evaluation of Tenant, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. ***A 307 regulatory insufficiency were corrected as followed:***
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.
   B. Functional Capacity Screen was completed on 4/29/15.
   C. Cognitive Screen was completed on 4/29/15.
   D. Negotiated Service Agreement was updated on 4/29/15.
   E. Nursing Education was completed on 4/24/15.
   F. Corporate QA/QI Team will monitor Compliance with focus on Evaluation of Tenant, annually and accessing tenant's electronic charts at their discretion.

G. **The following regulation will be followed in regard to evaluation of tenant moving forward:**

481-69.22(231C) Evaluation of Tenant

69.22(2) Evaluations within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status with 30 days of occupancy. A program shall also evaluate each tenant's 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 of 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 083 481-69.26 (1) Services Plans

Based on record review services plans were not based on evaluations and were not updated with changes to meet the specific needs of the individual tenant.

Tenant # 1

The current service plan dated 9-30-14 did not identify the interventions of gripper socks, a "reacher device", the need to call for assistance to get up, reminders to use walker. Tenant # 1 had seven falls beginning 1/25/15. The service plan did not identify interventions for fall preventions. On 4/16/15 an addendum was placed on the service plan identifying PT services for Tenant #1. The addition to the services plan was not based on evaluations.

1. The program has corrected Tenant # 1 regulatory insufficiency, by completing the following:
    A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.
    B. Functional Capacity Screen was completed on 4/24/15.
    C. Cognitive Screen was completed on 4/24/15.
    D. Negotiated Service Agreement updated on 4/24/15 with fall Interventions identified on updated Negotiated Service Agreement.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding services plans, state regulatory rules regarding services plans as followed: 481-69.26(231) 69.26 (1) and 69.22 (2), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific service needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. ***A 083 regulatory insufficiency were corrected as followed:***
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.
   B. Functional Capacity Screen was completed on 4/4/15.
   C. Cognitive Screen was completed on 4/24/15.
   D. Negotiated Service Agreement updated on 4/24/15.
   E. Nursing Education was completed on 4/24/15.
   F. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific services needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.
   G. The following regulation will be followed in regard to evaluation of tenant moving forward:

   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 sub rules 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.

Tenant # 2

Evaluations were completed upon return to the Program on 1/5/15 and the service plan was updated. The service plan of 1/5/15 did not identify Tenant # 2 verbalized suicidal thoughts and did not give staff direction in the event Tenant # 2 expressed suicidal thoughts. The service plan was not updated to meet the identified needs of Tenant # 2.

1. The program has corrected Tenant # 2 regulatory insufficiency, by completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.
   B. Functional Capacity Screen was completed on 4/24/15.
   C. Cognitive Screen was completed on 4/25/15.
   D. Negotiated Service Agreement updated on 4/24/15 with the following Interventions:
      1. Tenant # 2 does have a history of making suicidal statements in the past. If a suicidal statement is made to any staff member they will immediately notify RN. RN will notify doctor of any suicidal statements.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding services plans, state regulatory rules regarding services plans as followed: 481-69.26(231) 69.26 (1) and 69.22 (2), and change of condition expectations verbally on 4/24/15.
   B. Review of current tenants revealed no other tenants with a history of suicidal ideation; however this will continue to be monitored during routine nurse review, assessments, and changes of conditions.
   C. Will review service plans that have had a change of condition monthly at staff in-services to ensure that all staff has reviewed and has acknowledgement of changes.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific services needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. A 083 regulatory insufficiency were corrected as followed:

A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.

B. Functional Capacity Screen was completed on 4/24/15.

C. Cognitive Screen was completed on 4/24/15.

D. Negotiated Service Agreement updated on 4/24/15.

E. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific services needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

F. The following regulation will be followed in regard to evaluation of tenant moving forward:

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 sub rules 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.

Tenant # 3

A review of the current service plan dated 1/28/15 did not identify toileting was to be offered during routine hourly checks. The service plan did identify interventions for the identified weight loss. The service plan did not meet the identified needs of Tenant # 3.

1. The program has corrected Tenant # 3 regulatory insufficiency, and completing the following:

A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.

B. Functional Capacity Screen was completed on 4/29/15.

C. GDS Screen was completed on 4/29/15.

D. Negotiated Service Agreement updated on 4/29/15 with the following Interventions were identified on updated Negotiated Service Agreement:

1. Staff will offer toileting during routine hourly checks.

2. Staff will Prompt Tenant # 3 to eats if she is not. Tenant # 3 will be given Ensure 4 oz TID per doctor's orders. Staff will provide reminders for meals and encourage Tenant # 3 to attend all meals. Snacks are Available for Tenant # 3.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:

A. Education completed with RN and RN #2 regarding services plans, state regulatory rules regarding services plans as followed: 481-69.26(231) 69.26 (1) and 69.22 (2), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:

A. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific services needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. A 083 regulatory insufficiency were corrected as followed:

A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.

B. Functional Capacity Screen was completed on 4/29/15.

C. Cognitive Screen was completed on 4/29/15.

D. GDS Screen was completed on 4/29/15.

E. Negotiated Service Agreement updated on 4/29/15.

F. Nursing Education was completed on 4/24/15.

G. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific services needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

H. The following regulation will be followed in regard to evaluation of tenant moving forward:

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 sub rules 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.

Tenant # 4

The most recent service plan was completed on 9-10-14. The service plan was not updated to identify signs or symptoms staff was to report to the nurse related to the cellulites of the leg. The service plan did not identify a possible MRSA infection and did not give directions to staff to care for the leg with possible MRSA cellulites and the application of a support stocking. The service plan did not meet the specific service needs of Tenant #4.

1. The program has corrected Tenant # 4 regulatory insufficiency, by following up and completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.
   B. Functional Capacity Screen was completed on 4/29/15.
   C. Cognitive Screen was completed on 4/29/15.
   D. Negotiated Service Agreement updated on 4/29/15 with the following Interventions identified on updated Negotiated Service Agreement.
      1. Tenant #4 has a history of Cellulites. Staff will notify RN if they observe any redness, swelling or warmth of the legs.
      2. Tenant #4 wears ted hose daily can request staff to assist with these as needed.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding services plans, state regulatory rules regarding services plans as followed: 481-69.26(231) 69.26 (1) and 69.22 (2), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific services needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. A 083 regulatory insufficiency were corrected as followed:

   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.
   B. Functional Capacity Screen was completed on 4/29/15.
   C. Cognitive Screen was completed on 4/29/15.
   D. Negotiated Service Agreement updated on 4/29/15.

E. Nursing Education was completed on 4/24/15.

F. Program will be monitored onsite annually by Corporate QA/QI Team for continue compliance with focus on Service Plans meeting specific services needs of individual tenants, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

G. The following regulation will be followed in regard to evaluation of tenant moving forward:

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 sub rules 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.

A 096 481-69.27(3) Nurse Review

Based on record review, a nurse review was not completed with a change of condition to assess and document the health status of each tenant.

Moving forward a nurse review will be completed when a tenant completes antibiotics or prescribed therapies.

Tenant # 1

A nurse review was not completed with a change of condition to assess and document the health status of Tenant #1 was more confused and was prescribed an antibiotic for a urinary infections..

1. The program has corrected Tenant # 1 regulatory insufficiency, by following up and completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.
   B. Functional Capacity Screen was completed on 4/24/15.
   C. Cognitive Screen was completed on 4/24/15.
   D. Negotiated Service Agreement updated on 4/24/15.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:

A. Education completed with RN and RN #2 regarding nurse review, state regulatory rules 481-69.27 (231C), 69.27 (3), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
A. Program will be monitored by onsite annually by Corporate QA/QI Team for continue compliance with focus on Nursing Reviews, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. A 307 regulatory insufficiency were corrected as followed:

A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.

B. Functional Capacity Screen was completed on 4/24/15.

C. Negotiated Service Agreement was updated on 4/24/15.

D. Nursing Education was completed on 4/24/15.

E. Corporate QA/QI Team will monitor Compliance with focus on Nursing Reviews, annually and accessing tenant's electronic charts at their discretion.

F. The following regulation will be followed in regard to evaluation of tenant moving forward:

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 delegations.

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.

Tenant # 2

Nurse's notes dated 3/12/15 documented Tenant #2 was seen in the physician's office and was diagnosed with a urinary infection. An antibiotic was prescribed for

seven days. A nurse review was not done with completion of the medication to assess and document the health status of Tenant # 2 and to monitor progress related to the prescribed therapy.

1. The program has corrected Tenant # 2 regulatory insufficiency, by following up and completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.
   B. Functional Capacity Screen was completed on 4/24/15.
   C. Cognitive Screen was completed on 4/24/15.
   D. Negotiated Service Agreement updated on 4/24/15.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding nurse review, state regulatory rules 481-69.27 (231C) 69.27 (3), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored by onsite annually by Corporate QA/QI Team for continue compliance with focus on Nursing Reviews, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

***4. A 307 regulatory insufficiency were corrected as followed*:**

A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/24/15.

B. Functional Capacity Screen was completed on 4/24/15.

C. Negotiated Service Agreement was updated on 4/24/15.

D. Nursing Education was completed on 4/24/15.

E. Corporate QA/QI Team will monitor Compliance with focus on Nursing Reviews, annually and accessing tenant's electronic charts at their discretion.

F. The following regulation will be followed in regard to evaluation of tenant moving forward:

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 delegations.

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.

Tenant # 3

A nurse review was not completed to assess and document the health status of Tenant #3 related to falls which resulted in an order for PT for strengthening, a change of condition.

1. The program has corrected Tenant # 3 regulatory insufficiency, by following up and completing the following:
   A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.
   B. Functional Capacity Screen was completed on 4/29/15.
   C. GDS Screen was completed on 4/29/15.
   D. Negotiated Service Agreement updated on 4/29/15.

2. The Following measures will take place to ensure that regulatory insufficiency does not recur:
   A. Education completed with RN and RN #2 regarding nurse review, state regulatory rules 481-69.27 (231C) 69.27 (3), and change of condition expectations verbally on 4/24/15.

3. The program plans to monitor performance to ensure compliance as followed:
   A. Program will be monitored by onsite annually by Corporate QA/QI Team for continue compliance with focus on Nursing Reviews, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.

4. A 307 regulatory insufficiency were corrected as followed:

A. Assisted Living Physical Evaluation (Change of Condition) was completed on 4/29/15.

B. Functional Capacity Screen was completed on 4/29/15.

C. Negotiated Service Agreement was updated on 4/29/15.

D. Nursing Education was completed on 4/24/15.

E. GDS Screen completed on 4/29/15.

F.Corporate QA/QI Team will monitor Compliance with focus on Nursing Reviews, annually and accessing tenant's electronic charts at their discretion.

G.The following regulation will be followed in regard to evaluation of tenant moving forward:

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 delegations.

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.