IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 51438-I

April 27, 2015

Ms. Jill Scott, Manager
Windsor Manor Webster City
1401 Wall Street
Webster City, IA 50595-2758

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - WINDSOR MANOR WEBSTER CITY
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Scott:

I. Final Complaint/Incident Investigation Report – Windsor Manor Webster City, Webster City, IA

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued 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 an investigation by DIA on **April 20, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation, Service Plan and Nurse Review.

Windsor Manor Webster City ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received Regulatory Insufficiencies in the areas of Evaluation and Service Plans during the incident investigated on November 5, 2014.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Evaluation and Service Plans. As the enclosed Report details, the Program failed to conduct evaluations and update service plans when a tenant had a change in condition.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481−67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send

a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars ($325)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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.

IV. Conclusion

The Program is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0272	A. BUILDING: _____ B. WING _____	C 04/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR WEBSTER CITY	1401 WALL STREET WEBSTER CITY, IA 50595

(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: 34 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 36 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 46 The following regulatory insufficiencies were cited during the investigation of Incident #51438:	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 exhibited a	A 037		

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A 037	Continued From page 1 significant change. This REQUIREMENT is not met as evidenced by: Incident #51438-I: The Program reported Tenant #5 fell on 12-17-15 and sustained an injury to the head and left side of the body. Tenant #5 was transferred to the hospital. It was determined Tenant #5 sustained a hip fracture. There was no surgical repair of the hip and Tenant #5 died on 12-22-15. Based on record review and interview, evaluations were not completed with changes of condition to determine continued eligibility for the Program and to determine any changes to services needed. The Department was onsite at the Program on 11-3 and 11-5-14 for a recertification and incident investigation. Tenant #5 was identified during that visit and insufficiencies under the categories of service plan and tenant documents were cited related to Tenant #5 during that visit. The Program completed a plan of correction (POC) related to the November 2014 visit, and a POC date of 11-18-14 was considered during this investigation. 1. Tenant #5, a 94 year-old, was admitted on 5-1-14 and had diagnoses of: hypertension, congestive heart failure, esophageal stenosis, dizziness, weakness, and recent falls. On 10-13-14 Tenant #5 had one error on the short portable mental status questionnaire which indicated normal mental functioning. Tenant #5 sustained multiple falls in September	A 037		

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A 037	Continued From page 2 2014 as documented on incident reports. Following a fall on 9-24-14, Tenant #5 was admitted to the hospital. Tenant #5 returned to the Program on 10-13-14 and evaluations were completed. Nurse's notes dated 10-15-14 documented Tenant #5 tripped over oxygen tubing and sustained a skin tear. Notes of 10-16-14 documented the medication Tramadol was discontinued. Notes of 11-10-14 documented Tenant #5 had a blood transfusion after the results of a recent blood test (hemoglobin) were received. Notes of 11-17-14 documented Tenant #5 was found on the floor during hourly rounds on 11-15-14. The service plan dated 10-23-14 documented on 11-5-14 oxygen was used nightly related to low oxygen levels. Nurse's notes dated 11-17-14 documented oxygen was ordered to be used continuously. Notes of 11-17-14 also documented Tenant #5 needed to eat and drink to build strength. Notes of 11-20-14 documented Tenant #5 saw the physician for weakness and orders to discontinue Xanax (antianxiety agent) and folic acid (vitamin) were received. Diltiazem (heart medication) was decreased. Nurse's notes of 11-24-14 documented amiodarone (heart medication) was discontinued and a thyroid medication was changed. Oxygen was per Tenant #5's request. Staff A was interviewed on 4-20-15 at 11:07 a.m. stated Tenant #5 was "losing blood" but no one knew from where. Staff A stated Tenant #5 was dizzy and weak when getting up at times.	A 037		

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A 037	Continued From page 3 Staff B was interviewed on 4-20-15 at 1:53 p.m. and stated Tenant #5 was weak for two to four weeks prior to leaving the Program. Staff C was interviewed and stated Tenant #5 was very weak for at least a month prior to discharge from the Program. Staff C reported towards the end of Tenant #5's stay at the Program, Tenant #5 stayed in the apartment because he/she was sick. Tenant #5 had a hard time swallowing and would vomit after eating. Tenant #5 did not choke. Staff C reported Tenant #5 was embarrassed to eat due to the vomiting. A quarterly nursing summary was completed on 11-28-14 which documented Tenant #5 had one fall, on 11-15-14, in the previous 90 days which differed from the nurse's notes of 10-15-15 which also indicated a fall. The nurse review documented the hemoglobin level was 7.7 g/dl (normal 12-16 g/dl). Staff was encouraged to offer fluids, a nutritional supplement, and small meals. The nurse review documented Tenant #5 had increased difficulty with swallowing medications and staff was adding medication to applesauce or pudding, or cutting pills in half without success. The quarterly nurse review was to document a summary of Tenant #5's condition over the previous 90 days. Tenant #5 had a low hemoglobin for which a transfusion was given. The nurse review documented new interventions for a diminished appetite and fluid intake, and identified increased difficulty in swallowing. The 90-day nurse review documented significant changes in Tenant #5's condition that required implementation of standard interventions. Evaluations were not completed following the	A 037		

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A 037	Continued From page 4 quarterly nurse review to determine Tenant #5's continued eligibility for the Program, and to determine 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. This REQUIREMENT is not met as evidenced by: Incident #51438-I: The Program reported Tenant #5 fell on 12-17-15 and sustained an injury to the head and left side of the body. Tenant #5 was transferred to the hospital. It was determined Tenant #5 sustained a hip fracture. There was no surgical repair of the hip and Tenant #5 died on 12-22-15. Based on record review and interview, the service plan was not updated and designed to meet the specific service needs of Tenant #5. The Department was onsite at the Program on 11-3 and 11-5-14 for a recertification and incident investigation. Tenant #5 was identified during that visit and insufficiencies under the categories of service plan and tenant documents were cited related to Tenant #5 during that visit. The	A 083		

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A 083	Continued From page 5 Program completed a plan of correction (POC) related to the November 2014 visit, and a POC correction date of 11-18-14 was considered during this investigation. 1. Tenant #5, a 94 year-old, was admitted on 5-1-14 and had diagnoses of: hypertension, congestive heart failure, esophageal stenosis, dizziness, weakness, and recent falls. On 10-13-14 Tenant #5 had one error on the short portable mental status questionnaire which indicated normal mental functioning. Tenant #5 sustained multiple falls in September 2014 as documented on incident reports. Following a fall on 9-24-14, Tenant #5 was admitted to the hospital. Tenant #5 returned to the Program on 10-13-14 and evaluations were completed. Nurse's notes dated 10-15-14 documented Tenant #5 tripped over oxygen tubing and sustained a skin tear. Notes of 10-16-14 documented the medication Tramadol was discontinued. Notes of 11-10-14 documented Tenant #5 had a blood transfusion after the results of a recent blood test (hemoglobin) were received. Notes of 11-17-14 documented Tenant #5 was found on the floor during hourly rounds on 11-15-14. The service plan dated 10-23-14 documented on 11-5-14 oxygen was used nightly related to low oxygen levels. Nurse's notes dated 11-17-14 documented oxygen was ordered to be used continuously. Notes of 11-17-14 also documented Tenant #5 needed to eat and drink to build strength. Notes of 11-20-14 documented Tenant #5 saw	A 083		

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A 083	Continued From page 6 the physician for weakness and orders to discontinue Xanax (antianxiety agent) and folic acid (vitamin) were received. Diltiazem (heart medication) was decreased. Nurse's notes of 11-24-14 documented amiodarone (heart medication) was discontinued and a thyroid medication was changed. Oxygen was per Tenant #5's request. Staff A was interviewed on 4-20-15 at 11:07 a.m. stated Tenant #5 was "losing blood" but no one knew where from. Staff A stated Tenant #5 was dizzy and weak when getting up at times. Staff B was interviewed on 4-20-15 at 1:53 p.m. and stated Tenant #5 was weak for two to four weeks prior to leaving the Program. Staff C was interviewed and stated Tenant #5 was very weak for at least a month prior to discharge from the Program. Staff C reported towards the end of Tenant #5's stay at the Program, Tenant #5 stayed in the apartment because he/she was sick. Tenant #5 had a hard time swallowing and would vomit after eating. Tenant #5 did not choke. Staff C reported Tenant #5 was embarrassed to eat due to the vomiting. A quarterly nursing summary was completed on 11-28-14 which documented Tenant #5 one fall, on 11-15-14, in the previous 90 days which differed from the nurse's notes of 10-15-15 which also indicated a fall. The nurse review documented the hemoglobin level was 7.7 g/dl (normal 12-16 g/dl). Staff was encouraged to offer fluids, a nutritional supplement, and small meals. The nurse review documented Tenant #5 had increased difficulty with swallowing medications and staff was adding medication to	A 083		

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A 083	Continued From page 7 applesauce or pudding, or cutting pills in half without success. The most recent service plan was dated 10-13-15. The service plan was not updated on 11-28-14 to direct staff to offer fluids, a nutritional supplement, or small meals. The service plan was not updated with further interventions for falls following the documented falls on the quarterly nurse review and staff reports of increased weakness during the last month at the Program. The service plan did not meet the identified needs of Tenant #5.	A 083		
A 094	481-69.27(1) 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(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Incident #51438-I: The Program reported Tenant #5 fell on 12-17-15 and sustained an injury to the	A 094		

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A 094	Continued From page 8 head and left side of the body. Tenant #5 was transferred to the hospital. It was determined Tenant #5 sustained a hip fracture. There was no surgical repair of the hip and Tenant #5 died on 12-22-15. Based on record review the quarterly nurse review completed on 11-28-14 did not document monitoring of Tenant #5's program-administered medications for adverse reactions, for current medication orders, and administration of medications consistent with orders. The Department was onsite at the Program on 11-3 and 11-5-14 for a recertification and incident investigation. Tenant #5 was identified during that visit and insufficiencies under the categories of service plan and tenant documents were cited related to Tenant #5 during that visit. The Program completed a plan of correction (POC) related to the November 2014 visit, and a POC date of 11-18-14 was considered during this investigation. 1. Tenant #5, a 94 year-old, was admitted on 5-1-14 and had diagnoses of: hypertension, congestive heart failure, esophageal stenosis, dizziness, weakness, and recent falls. On 10-13-14 Tenant #5 had one error on the short portable mental status questionnaire which indicated normal mental functioning. Tenant #5 sustained multiple falls in September 2014 as documented on incident reports. Following a fall on 9-24-14, Tenant #5 was admitted to the hospital. Tenant #5 returned to the Program on 10-13-14 and evaluations were completed. Nurse's notes dated 10-15-14 documented	A 094		

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A 094	Continued From page 9 Tenant #5 tripped over oxygen tubing and sustained a skin tear. Notes of 10-16-14 documented the medication Tramadol was discontinued. Notes of 11-10-14 documented Tenant #5 had a blood transfusion after the results of a recent blood test (hemoglobin) were received. Notes of 11-17-14 documented Tenant #5 was found on the floor during hourly rounds on 11-15-14. The service plan dated 10-23-14 documented on 11-5-14 oxygen was used nightly related to low oxygen levels. Nurse's notes dated 11-17-14 documented oxygen was ordered to be used continuously. Notes of 11-17-14 also documented Tenant #5 needed to eat and drink to build strength. Notes of 11-20-14 documented Tenant #5 saw the physician for weakness and orders to discontinue Xanax (antianxiety agent) and folic acid (vitamin) were received. Diltiazem (heart medication) was decreased. Nurse's notes of 11-24-14 documented amiodarone (heart medication) was discontinued and a thyroid medication was changed. Oxygen was per Tenant #5's request. The service plan dated 10-13-14 documented the Program administered medications to Tenant #5. A quarterly nursing summary was completed on 11-28-14 did not document a medication review or Tenant #5's response to the multiple medication changes during the previous quarter. The nurse review did not document the monitoring for adverse reactions to medications, did not document that prescription medication orders were current, and that medications were	A 094		

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A 094	Continued From page 10 administered consistent with the orders.	A 094		

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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: 34 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 36 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 46 The following regulatory insufficiencies were cited during the investigation of Incident #51438:	A000	New Healthcare Coordinator was hired since the self report of this incident. Current Healthcare Coordinator, RN has a back ground in Assisted Living with prior completion of certification of 8-17-2012 and has retaken the course on April 16, 2015 @ ICAL. At the ICAL class the Healthcare Coordinator was given the Flow sheet to indicate change of conditions. 482-69.22 (1) Evaluations of Tenant 1. Tenant #5 is deceased and cannot correct. 2. RN will update Tenant tracker with new residents, assessments completed, and when tenants have significant changes, and will submit to Executive Director Monthly. Executive Director will review and print tracker and place into specific binder in Executive Director's office. 3.	
A037	481-69.22(2) Evaluation ofTenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a	A037		

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	S0272	A. BUILDING. _____ B. WING	C 04/20/2015

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A 037	Continued From page 1 significant change. This REQUIREMENT is not met as evidenced by: Incident #51438-1: The Program reported Tenant #5 fell on 12-17-15 and sustained an injury to the head and left side of the body. Tenant #5 was transferred to the hospital. It was determined Tenant #5 sustained a hip fracture. There was no surgical repair of the hip and Tenant #5 died on 12-22-15. Based on record review and interview, evaluations were not completed with changes of condition to determine continued eligibility for the Program and to determine any changes to services needed. The Department was onsite at the Program on 11-3 and 11-5-14 for a recertification and incident investigation. Tenant #5 was identified during that visit and insufficiencies under the categories of service plan and tenant documents were cited related to Tenant #5 during that visit. The Program completed a plan of correction (POC) related to the November 2014 visit, and a POC date of 11-18-14 was considered during this investigation. 1. Tenant #5, a 94 year-old, was admitted on 5-1-14 and had diagnoses of: hypertension, congestive heart failure, esophageal stenosis, dizziness, weakness, and recent falls. On 10-13-14 Tenant#5 had one error on the short portable mental status questionnaire which indicated normal mental functioning. Tenant #5 sustained multiple falls in September	A037	3. RN Nurse Clinician will review Tracker quarterly and choose a random selection of charts involved from that quarter's tracker to ensure compliance. If charts are not in full compliance RN Clinician will retrain Healthcare Coordinator on Rules and Regulations regarding tenant evaluations. 4. Random selection of tenant charts reviewed by RN Clinician on 5/7/2015.	

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A037	Continued From page 2 2014 as documented on incident reports. Following a fall on 9-24-14, Tenant #5 was admitted to the hospital. Tenant #5 returned to the Program on 10-13-14 and evaluations were completed. Nurse's notes dated 10-15-14 documented Tenant #5 tripped over oxygen tubing and sustained a skin tear. Notes of 10-16-14 documented the medication Tramadol was discontinued. Notes of 11-10-14 documented Tenant #5 had a blood transfusion after the results of a recent blood test (hemoglobin) were received. Notes of 11-17-14 documented Tenant #5 was found on the floor during hourly rounds on 11-15-14. The service plan dated 10-23-14 documented on 11-5-14 oxygen was used nightly related to low oxygen levels. Nurse's notes dated 11-17-14 documented oxygen was ordered to be used continuously. Notes of 11-17-14 also documented Tenant #5 needed to eat and drink to build strength. Notes of 11-20-14 documented Tenant #5 saw the physician for weakness and orders to discontinue Xanax (antianxiety agent) and folic acid (vitamin) were received Diltiazem (heart medication) was decreased. Nurse's notes of 11-24-14 documented amiodarone (heart medication) was discontinued and a thyroid medication was changed. Oxygen was per Tenant #5's request. StaffA was interviewed on 4-20-15 at 11:07 a.m. stated Tenant #5 was "losing blood" but no one knew from where. Staff A stated Tenant #5 was dizzy and weak when getting up at times.	A037	481.69.27 (1) Nurse Review Provision Living RN Nurse Clinician has trained L.L., RN Healthcare Coordinator on Nurse Reviews on April 23, 2015. 1. Quarterly Nurse Reviews will include all medication changes and reviews of each reaction to medications. All medications will have current orders. Quarterly Nurse Reviews will include a review of all incident reports submitted in the prior 90 days. 2. Incident reports are sent to RN Nurse Clinician for review and follow up. Each incident report is initialed and dated when scanned to RN Nurse Clinician. Executive Director Reviews and signs incident reports.	

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A 037	Continued From page 3 Staff B was interviewed on 4-20-15 at 1:53 p.m. and stated Tenant #5 was weak for two to four weeks prior to leaving the Program. Staff C was interviewed and stated Tenant #5 was very weak for at least a month prior to discharge from the Program. Staff C reported towards the end of Tenant #5's stay at the Program, Tenant #5 stayed in the apartment because he/she was sick. Tenant #5 had a hard time swallowing and would vomit after eating. Tenant #5 did not choke. Staff C reported Tenant #5 was embarrassed to eat due to the vomiting. A quarterly nursing summary was completed on 11-28-14 which documented Tenant #5 had one fall, on 11-15-14, in the previous 90 days which differed from the nurse's notes of 10-15-15 which also indicated a fall. The nurse review documented the hemoglobin level was 7.7 g/dl (normal12-16 g/dl). Staff was encouraged to offer fluids, a nutritional supplement, and small meals. The nurse review documented Tenant #5 had increased difficulty with swallowing medications and staff was adding medication to applesauce or pudding, or cutting pills in half without success. The quarterly nurse review was to document a summary of Tenant #5's condition over the previous 90 days. Tenant #5 had a low hemoglobin for which a transfusion was given. The nurse review documented new interventions for a diminished appetite and fluid intake, and identified increased difficulty in swallowing. The 90-day nurse review documented significant changes in Tenant #5's condition that required implementation of standard interventions. Evaluations were not completed following the	A037	3. Tracking follow up on COC and Nurse Reviews along with other resident issues will be completed by Healthcare Coordinator using a manual desk calendar. 4. Quarterly Nurse Review and incident reports are reviewed by RN Clinician during routine Qtrly Nursing Chart Audits.	

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A 037	Continued From page 4 quarterly nurse review to determine Tenant #5's continued eligibility for the Program, and to determine changes to services needed.	A037	
A083	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: Incident #51438-1: The Program reported Tenant #5 fell on 12-17-15 and sustained an injury to the head and left side of the body. Tenant #5 was transferred to the hospital. It was determined Tenant #5 sustained a hip fracture. There was no surgical repair of the hip and Tenant #5 died on 12-22-15. Based on record review and interview, the service plan was not updated and designed to meet the specific service needs of Tenant #5. The Department was onsite at the Program on 11-3 and 11-5-14 for a recertification and incident investigation. Tenant #5 was identified during that visit and insufficiencies under the categories of service plan and tenant documents were cited related to Tenant #5 during that visit. The	A083	

481-69.26 (1) Service Plans

1. RN will update tenant service plan to be specific to individual tenant's needs and wants which includes significant changes in tenant conditions.
2. RN Clinician will review tenant tracker quarterly and will choose a random selection of charts involved in past quarter for compliance. If charts are not in full compliance, RN Clinician will retrain Healthcare Coordinator on Rules and Regulations regarding tenant evaluations.
3. Random selection of tenant charts was reviewed by RN Clinician on 5/7/2015.

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A083	Continued From page 5 Program completed a plan of correction (POC) related to the November 2014 visit, and a POC correction date of 11-18-14 was considered during this investigation. 1. Tenant #5, a 94 year-old, was admitted on 5-1-14 and had diagnoses of: hypertension, congestive heart failure, esophageal stenosis, dizziness, weakness, and recent falls. On 10-13-14 Tenant #5 had one error on the short portable mental status questionnaire which indicated normal mental functioning. Tenant #5 sustained multiple falls in September 2014 as documented on incident reports. Following a fall on 9-24-14, Tenant #5 was admitted to the hospital. Tenant #5 returned to the Program on 10-13-14 and evaluations were completed. Nurse's notes dated 10-15-14 documented Tenant #5 tripped over oxygen tubing and sustained a skin tear. Notes of 10-16-14 documented the medication Tramadol was discontinued. Notes of 11-10-14 documented Tenant #5 had a blood transfusion after the results of a recent blood test (hemoglobin) were received. Notes of 11-17-14 documented Tenant #5 was found on the floor during hourly rounds on 11-15-14. The service plan dated 10-23-14 documented on 11-5-14 oxygen was used nightly related to low oxygen levels. Nurse's notes dated 11-17-14 documented oxygen was ordered to be used continuously. Notes of 11-17-14 also documented Tenant #5 needed to eat and drink to build strength Notes of 11-20-14 documented Tenant #5 saw	A083	4. Quarterly Nurse Review and incident reports are reviewed by RN Clinician during routine quarterly Nursing Chart Audits.	

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A083	Continued From page 6 the physician for weakness and orders to discontinue Xanax (antianxiety agent) and folic acid (vitamin) were received. Diltiazem (heart medication) was decreased. Nurse's notes of 11-24-14 documented amiodarone (heart medication) was discontinued and a thyroid medication was changed. Oxygen was per Tenant #5's request. StaffA was interviewed on 4-20-15 at 11:07 a.m. stated Tenant #5 was "losing blood" but no one knew where from. Staff A stated Tenant #5 was dizzy and weak when getting up at times. Staff B was interviewed on 4-20-15 at 1:53 p.m. and stated Tenant #5 was weak for two to four weeks prior to leaving the Program. Staff C was interviewed and stated Tenant #5 was very weak for at least a month prior to discharge from the Program. Staff C reported towards the end of Tenant #5's stay at the Program, Tenant #5 stayed in the apartment because he/she was sick. Tenant #5 had a hard time swallowing and would vomit after eating. Tenant #5 did not choke. Staff C reported Tenant #5 was embarrassed to eat due to the vomiting. A quarterly nursing summary was completed on 11-28-14 which documented Tenant #5 one fall, on 11-15-14, in the previous 90 days which differed from the nurse's notes of 10-15-15 which also indicated a fall. The nurse review documented the hemoglobin level was 7.7 g/dl (normal12-16 g/dl). Staff was encouraged to offer fluids, a nutritional supplement, and small meals. The nurse review documented Tenant #5 had increased difficulty with swallowing medications and staff was adding medication to	A083		

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A 083	Continued From page 7 applesauce or pudding, or cutting pills in half without success. The most recent service plan was dated 10-13-15. The service plan was not updated on 11-28-14 to direct staff to offer fluids, a nutritional supplement, or small meals. The service plan was not updated with further interventions for falls following the documented falls on the quarterly nurse review and staff reports of increased weakness during the last month at the Program. The service plan did not meet the identified needs of Tenant #5.	A 083		
A094	481-69.27(1) 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(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Incident #51438-1: The Program reported Tenant #5 fell on 12-17-15 and sustained an injury to the	A094		

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A 094	Continued From page 8 head and left side of the body. Tenant #5 was transferred to the hospital. It was determined Tenant #5 sustained a hip fracture. There was no surgical repair of the hip and Tenant #5 died on 12-22-15. Based on record review the quarterly nurse review completed on 11-28-14 did not document monitoring of Tenant #5's program-administered medications for adverse reactions, for current medication orders, and administration of medications consistent with orders. The Department was onsite at the Program on 11-3 and 11-5-14 for a recertification and incident investigation. Tenant #5 was identified during that visit and insufficiencies under the categories of service plan and tenant documents were cited related to Tenant #5 during that visit. The Program completed a plan of correction (POC) related to the November 2014 visit, and a POC date of 11-18-14 was considered during this investigation. 1. Tenant #5, a 94 year-old, was admitted on 5-1-14 and had diagnoses of: hypertension, congestive heart failure, esophageal stenosis, dizziness, weakness, and recent falls. On 10-13-14 Tenant#5 had one error on the short portable mental status questionnaire which indicated normal mental functioning. Tenant #5 sustained multiple falls in September 2014 as documented on incident reports. Following a fall on 9-24-14, Tenant #5 was admitted to the hospital. Tenant #5 returned to the Program on 10-13-14 and evaluations were completed. Nurse's notes dated 10-15-14 documented	A 094		

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A 094	Continued From page 9 Tenant #5 tripped over oxygen tubing and sustained a skin tear. Notes of 10-16-14 documented the medication Tramadol was discontinued. Notes of 11-10-14 documented Tenant #5 had a blood transfusion after the results of a recent blood test (hemoglobin) were received. Notes of 11-17-14 documented Tenant #5 was found on the floor during hourly rounds on 11-15-14. The service plan dated 10-23-14 documented on 11-5-14 oxygen was used nightly related to low oxygen levels. Nurse's notes dated 11-17-14 documented oxygen was ordered to be used continuously. Notes of 11-17-14 also documented Tenant #5 needed to eat and drink to build strength. Notes of 11-20-14 documented Tenant #5 saw the physician for weakness and orders to discontinue Xanax (antianxiety agent) and folic acid (vitamin) were received. Diltiazem (heart medication) was decreased. Nurse's notes of 11-24-14 documented amiodarone (heart medication) was discontinued and a thyroid medication was changed. Oxygen was per Tenant #5's request. The service plan dated 10-13-14 documented the Program administered medications to Tenant #5 A quarterly nursing summary was completed on 11-28-14 did not document a medication review or Tenant #5's response to the multiple medication changes during the previous quarter. The nurse review did not document the monitoring for adverse reactions to medications, did not document that prescription medication orders were current, and that medications were	A094		

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A 094	Continued From page 10 administered consistent with the orders.	A094		