IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 27, 2015

Ms. Cindi Martin, Administrator
Timberland Village
725 Timberland Drive
Story City, IA 50248

**RE: Final Recertification Monitoring Evaluation Report – Timberland Village, Story City, IA**

Dear Ms. Martin:

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 **May 11 & 12, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant and Service Plans.

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 **S0162** with effective dates of **October 29, 2014** through **October 28, 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 |
|---|---|---|---|
| | S0162 | A. BUILDING: _____ B. WING _____ | 05/12/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TIMBERLAND VILLAGE | 725 TIMBERLAND DRIVE STORY CITY, IA 50248 |

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| A 000 | 481-67 Initial Comments<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 22<br>Number of tenants with cognitive disorder: 2<br>Total Population of Program at time of on-site: 24<br><br>TOTAL census of Assisted Living Program: 24<br><br>The following regulatory insufficiencies were cited during<br>the Recertification conducted to determine compliance with certification for an Assisted Living Program. | A 000 | | |
| A 037 | 481-69.22(2) Evaluation of Tenant<br><br>481-69.22(231C) Evaluation of tenant.<br>69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. | A 037 | | |

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| A 037 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interview and record review, evaluations were not completed with a significant change of condition. Four tenant files were reviewed.<br><br>1. Tenant #1, an 88 year-old, was admitted on 10/14/14 and had diagnoses of: diabetes, hypertension, aortic stenosis, and history of cerebrovascular accident. Tenant #1 resided with a spouse. The current functional and health evaluation dated 11/14/14, documented Tenant #1 was independent with transfer and ambulation and needed assistance getting into bed at night.<br><br>Resident notes dated 3/16/15 documented Tenant #1 had a routine visit with his/her physician and physical therapy (PT) was ordered for weakness and balance problems.<br><br>Time tracking forms dated 3/6 - 3/30/15 documented staff assisted Tenant #1 out of a chair during day time hours at least 16 times. An incident report dated 3/22/15 documented Tenant #1 was found on the floor of the apartment. According to the incident report, Tenant #1 reported hitting the his/her head on the bed and Tenant #1's shoulder hurt "a little." Tenant #1 was "very dazed and extremely anxious." An Incident report dated 3/23/15 documented Tenant #1 was getting ready for bed and slipped in the apartment and hit the left side of head.<br><br>The PT discharge notification form dated 4/23/15 documented Tenant #1 was to be discharged from PT on 4/30/15. The form indicated Tenant #1 transferred with caregiver assistance and | A 037 | | |

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| A 037 | Continued From page 2<br>family should follow up with a strengthening program.<br><br>The health and functional assessment dated 11/14/14 contained documentation on 4/23/15, by the LPN, which indicated PT had been discontinued and there was no change in function with recent falls. In an interview on 5/11/15, the LPN said she made a notation on the health and functional forms without completing an evaluation.<br><br>Evaluations completed 10/7/14 and 11/14/14 documented Tenant #1 was independent in transfer and ambulation. Beginning 3/6/15, tracking forms documented multiple occasions where staff provided assistance with transfers. Tenant #1 had falls on 3/22/15 and 3/23/15 both of which resulted in hits to the head. Tenant #1 received PT and was discharged requiring assist with transfers and family assist with a strengthening program. Tenant #1 exhibited a significant change of condition requiring interventions by staff, PT, and family. Evaluations were not completed with a significant change in condition.<br><br>2. Tenant #2, an 88 year-old, was admitted on 10/14/14 and had diagnoses of: prostate cancer with bone, lung and lymph node metastases, history of depression, hypertension and macular degeneration.<br><br>Physician's notes from the hospital dated 2/5/15 indicated Tenant #2 sustained a fracture of the distal left fibula that required a short leg cast.<br><br>An evaluation dated 2/7/15 documented Tenant #2 was dependent in transfer, bathing, toileting and ambulation. An interview with the LPN on | A 037 | | |

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| A 037 | Continued From page 3<br>5/11/15 confirmed Tenant #2 had been dependent in all the above areas.<br><br>On 5/11/15 observations were made in Tenant #2's apartment. Tenant #2 with staff assistance, used grab bars to transfer from a wheelchair to the toilet. Tenant #2 lifted the right leg when staff asked to put pants on. After using the toilet, Tenant #2 washed hands with assistance from Staff A. Tenant #2 participated in cares and was not dependent on staff as documented on Tenant #2's functional evaluation.<br><br>The health and functional assessment dated 2/5/15 - 2/7/15 contained documentation on 3/9/15 by the LPN which indicated Tenant #2 could weight bear as tolerated, cast had been removed and boot applied.<br><br>Evaluations were not completed with a significant change of condition once Tenant #2 could participate in cares including: transfer, dressing/grooming, bathing, toileting and ambulation. On 5/11/15, the LPN confirmed Tenant #2 was no longer dependent in the above areas once the cast was removed and the boot was used on an as needed basis.<br><br>3. Tenant #3, a 101 year-old, was admitted on 11/13/14 and had diagnoses of: anemia in chronic kidney disease, atrial fibrillation, chronic airway obstruction, congestive heart failure, gastro esophageal reflux disease, hypertension, and Methicillin resistant staphylococcus aureus pneumonia.<br>Resident notes dated 2/18/15 documented Tenant #3 complained of shortness of breath and chest pain and the LPN directed staff to contact emergency personnel for transport to the hospital. Tenant #3 was diagnosed with bronchitis, and | A 037 | | |

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| A 037 | Continued From page 4<br>started on an antibiotic. Resident notes dated 2/25/15 documented Tenant #3 continued to have shortness of breath but was " doing much better."<br>Tenant #3 experienced a significant change of health status which required standard interventions of emergency care and antibiotics. It was documented Tenant #3 was "doing much better" which indicated Tenant #3 was showing improvement. | A 037 | | |
| A 083 | 481-69.26(1) Service Plans<br><br>481-69.26(231C) Service plans.<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interview and record reviews, service plans were not based on evaluations and developed to meet the specific needs of individual tenants. Four tenant files were reviewed.<br><br>1. Tenant #1, an 88 year old, was admitted on 10/14/14 and had diagnoses of: diabetes, hypertension, aoritic stenosis, and history of cerebrovascular accident. The current functional and health evaluation of 11/14/14 documented | A 083 | | |

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| A 083 | Continued From page 5<br>Tenant #1 was to have ground meat only.<br><br>In an interview with the LPN on 5/11/15, she stated Tenant #1 requested meat be ground but did not have a physician's order.<br><br>On 5/11/15 at 11:30 a.m. observations were made in the dining room. Tenant #1 reported "I choked on a wiener." The sausage casing was observed to be present. Tenant #1 expressed a fear of eating the remaining food which included cabbage.<br><br>On 5/11/15, Staff A, a universal worker, confirmed Tenant #1 was to have ground meat.<br><br>A review of the service plan dated 11/14/14 revealed no notation regarding the request for ground meat.<br><br>The service plan was not based on evaluations and did not meet the specific service needs of Tenant #1.<br><br>2. Tenant #2, an 88 year-old, was admitted on 10/14/14 and had diagnoses of: prostate cancer with bone, lung and lymph node metastases, history of depression, hypertension and macular degeneration.<br><br>Review of physician's notes from the hospital dated 2/5/15, indicated Tenant #2 sustained a fracture of the distal left fibula that required a short leg cast.<br><br>An evaluation completed on 2/7/15 documented Tenant #2 was dependent in transfer, bathing, toileting and ambulation. On 5/11/15, the LPN confirmed due to the fractured fibula, Tenant #2 had been dependent in all the above areas. | A 083 | | |

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| A 083 | Continued From page 6<br><br>Review of the service plan dated 2/7/15 revealed Tenant #2 requested a shower two times a week. The service plan did not include documentation regarding how the staff should provide assistance with a shower while the cast and walking boot were required.<br><br>On 5/11/15 observations were made in Tenant #2's apartment. Tenant #2, with staff assistance, used grab bars to transfer from a wheelchair to the toilet. Tenant #2 lifted his/her right leg when staff asked to put pants on. After using the toilet, Tenant #2 washed hands with assistance from Staff A. Tenant #2 particiapted in cares and was not dependent on staff as documented on the functional evaluation.<br><br>Review of health and functional assessment dated 2/5/15 - 2/7/15 contained documentation on 3/9/15 by the LPN that indicated Tenant #2 could weight bear as tolerated, the cast had been removed and boot applied.<br><br>The service plan was not updated when a change in condition occurred and Tenant #2 could participate with: transfer, dressing/grooming, bathing, toileting and ambulation. On 5/11/15, the LPN confirmed Tenant #2 was no longer dependent in the above areas once the cast was removed and the boot was used on an as needed basis. The service plan did not identify and meet the specific needs of Tenant #2. | A 083 | | |

# Plan of Correction
# Timberland Village Assisted Living

Cindi Martin
Program Administrator

Recertification Monitoring Visit
May 11 and 12, 2015

**Regulatory Insufficiency: Evaluation of a Tenant**

1. Nurse to review Chapter 69.22(2) By 06/30/15
2. Nurse will use flow chart on page 18 of Chapter 69 for evaluation of tenants. (On going)
3. QA Chart Reviews for compliance (On going) by delegating RN Kristi Eley
4. Evaluations for Tenant #1-3 will be updated no later than June 30, 2015.

**Regulatory Insufficiency: Service Planning**

1. Nurse to Review 69.26(1) and 69.22(2) by 06/30/15
2. Nurse to Review Timberland Village Service Plan Policy by 06/30/15.
3. QA Review of Service Plans for compliance. (Ongoing) by delegating RN Kristi Eley.
4. Service Plans for Tenant #1-3 will be updated by no later than June 30, 2015