IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 15, 2015

Incident Intake #'s: 53417-I
52899-I

Mr. Scott Rausch, Director
Eagle Pointe Place
2700 Matthew John Drive
Dubuque, IA 52002

RE: Final Initial Certification Monitoring Evaluation & Incident Investigation Report -- Eagle Pointe Place, Dubuque, IA

Dear Mr. Rausch:

Enclosed is the **Final Initial Certification Monitoring Evaluation & Incident Investigation 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 **June 2 - 4, 2015.** The following allegation was investigated in regards to Incident #52899 and was found to be unsubstantiated.

Allegation: Supervision/Safety
Findings: Unsubstantiated
Comments: Based on interviews with staff, a family member, the tenant and the physician, it was concluded that staff responded to the tenant's needs as warranted and the tenant's weakness on the days surrounding the incident could not be tied to a specific root cause. Staff who worked with the tenant on the night of the incident noted no changes in the tenant's behaviors or speech. A family member noted subtle leaning and only asked the staff on duty to assist the tenant with putting on pajamas and did not request any further assistance or supervision. Staff stated it was common to assist the tenant with putting on pajamas. On the day before the incident, the nurse documented the tenant had a medication change and weakness could be a normal side effect. It was confirmed by the tenant's physician, the incident could not be tied directly to weakness from a medication change or to early stroke symptoms.

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 on-site evaluation demonstrates regulatory compliance by the Program, and the Program's certification will continue for a period of two years, without interruption, from the original date of certification.

Enclosed you will find the Assisted Living Program Certificate S0348 with effective dates of **March 31, 2015** through **March 30, 2017**. This certificate is to be posted in the building for public viewing.

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
	S0348	A. BUILDING: _____ B. WING _____	C 06/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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	481-69 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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 37 Number of tenants with cognitive disorder: 12 Total population of Program at time of on-site: 49 Total census of Assisted Living Program: 49 The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program and the investigation of Incident # 53417:	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 significant change.	A 037		

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and tenant file reviews, the program failed to evaluate 2 out of 4 tenants using a functional assessment tool in conjunction with a health and cognitive assessment tool (Tenant #2, Tenant #4) findings include: (Initial Certification) 1. Tenant #2, a 74 year old, was admitted into the Program on 3/31/15 and diagnoses included: obsessive compulsive disorder, anxiety disorder, depression, schizophrenia, high blood pressure and hyperlipidemia. Tenant #2 was evaluated by the Program with health and cognitive assessment tools on 6/1/15. The program did not include a functional assessment tool to complete the evaluation process for Tenant #2. 2. Tenant #4, a 74 year old, was admitted on 3/31/15 and diagnosis included: aortic valve abscess, endocarditis, depression, hypertension and dementia. Tenant #4 was staged at a five on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #4 had a health and cognitive evaluation completed on 5/30/15. The functional evaluation was not completed. 3. On 3/31/15, the Program began operation as Eagle Pointe Place and reevaluated all tenants that were already residing at the previous Assisted Living Program. On 6/4/15, the Care Services Manager explained that the Program	A 037		

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A 037	Continued From page 2 had used a functional assessment tool prior to 3/31/15 but the form was discontinued. The Care Services Manager re-implemented the form by the end of the certification process. The Program did not include a functional evaluation tool as part of the evaluation of tenants.	A 037		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant ' s signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant ' s request, with other individuals identified by the tenant, and, if applicable, with the tenant ' s legal representative. All persons who develop the plan and the tenant or the tenant ' s legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on staff interviews and a review of tenant files, the Program failed to ensure a preliminary service plan was developed prior to the tenant signing the occupancy agreement for 4 of 4 tenants reviewed (Tenants #1, #2, #3, and #4) findings include: (Initial Certification) 1. Tenant #1, a 66 year old, was admitted into the Program on 5/13/15 and diagnosis included:	A 084		

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A 084	Continued From page 3 benign hypertension, brachial neuritis, coronary arteriosclerosis, depressive disorder, generalized anxiety disorder, hyperlipidemia, peripheral artery disease, post traumatic stress disorder, retinal detachment and senile cataract. The occupancy agreement was reviewed and signed on 4/21/15. The service plan was implemented and signed on 5/14/15. The occupancy agreement should be based on the tenant's assessed needs set forth in the service plan. 2. Tenant #2, a 74 year old, was admitted into the Program on 3/31/15 and diagnoses included: obsessive compulsive disorder, anxiety disorder, depression, schizophrenia, high blood pressure and hyperlipidemia. The occupancy agreement was reviewed and signed on 5/29/15. The service plan was implemented and signed on 6/1/15. The occupancy agreement should be based on the tenant's assessed needs set forth in the service plan. 3. Tenant #3, a 91 year old, was admitted into the Program on 3/31/15 and diagnosis included: dementia, constipation, hypercholostermia, hyperthyroidism, history of stroke and agitation. Tenant #3 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. The occupancy agreement was reviewed and signed on 5/28/15. The service plan was implemented and signed on 5/30/15. The occupancy agreement was signed before the preliminary service plan. 4. Tenant #4, a 74 year old, was admitted into the Program on 3/31/15 and diagnosis included: aortic valve abscess, endocarditis, depression,	A 084		

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A 084	Continued From page 4 hypertension and dementia. Tenant #4 was staged at a five on the GDS, which indicated severe cognitive decline. The occupancy agreement was reviewed and signed on 5/29/15. The service plan was implemented and signed on 6/1/15. The occupancy agreement was signed before the preliminary service plan.	A 084		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on staff interviews and tenant file review, the Program failed to include all of the tenant's assessed needs on the service plan for 1 out of 6 tenants reviewed (Tenant #6) Findings include: (Incident #53417) 1. Tenant #6, an 82 year old, was admitted into the Program on 3/31/15 and diagnosis included: congestive heart failure, urinary retention (catheter) and weakness. Tenant #6's service plan dated 3/5/15 indicated Tenant #6 used a manual wheelchair for mobility and participated in physical therapy (PT) treatment with a separate provider. The service plan did not include information regarding Tenant #6 using a wheeled walker for PT or for any other purpose. Tenant #6 was admitted to a skilled care unit at the time of the investigation due to a L2 fracture.	A 089		

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A 089	Continued From page 5 2. Staff interviews revealed the following information: - On 6/4/15, Staff A stated Tenant #6 used a walker when ambulating within his/her apartment or during PT sessions. Staff A added that Tenant #6 only used the wheelchair for longer distances such as to and from meals and activities. - On 6/4/15, Staff B stated Tenant #6 used a walker when ambulating within his/her apartment or during PT sessions. Staff A added that Tenant #6 only used the wheelchair for longer distances. - On 6/4/15, Staff E stated that Tenant #6 walked with a walker with staff standing close by. Staff E also noted Tenant #6 used a walker when working with PT but used a wheelchair for going out to meals. Staff E finished by noting that there was nothing in writing that stated staff needed to provide any hands on assist with Tenant #6 during ambulation. 3. On 6/4/15, the Care Services Manager stated she was unaware Tenant #6 used a walker other than for PT purposes. The Care Services Manager confirmed that the service plan for Tenant #6 did not reflect the use of a wheeled walker. The service plan did not reflect the individual needs of the tenant.	A 089		

Eagle Pointe Place
Senior Living

June 19, 2015

Ms. Rose Boccella, Program Coordinator

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

HEALTH FACILITIES

JUN 24 2015

RE: Eagle Pointe Place Plan of Correction

Dear Ms. Boccella

Enclosed is the required "Plan of Correction" regarding the Final Initial Certification Monitoring Evaluation Report at Allen Place which was conducted on June 2nd -June 4th, 2015. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be constructed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-69.22(2) – Evaluation of Tenant

- A functional health status assessment was added to the programs physical assessment as of 6/4/15.
- Care Service Manager or Regional Director of Care Services will ensure all residents receive a functional, cognitive, and health status assessment by 7/5/15. The program Regional Director of Operations, Regional Director of Care Services, Executive Director, or Care Services Manager will monitor quarterly thereafter.
- Regional Director of Care Services and Regional Director of Operations will conduct an in-service with Executive Director and Care Service Manager to provide training and instruction on how to ensure 30 day assessments are completed on all residents by 7/1/15.
- Regional Director of Operations or Regional Director of Care Services will conduct monthly audits to ensure 30 day assessments are completed for all new admissions for the next 3 months and quarterly thereafter.

IAC r 481-69.26(2) – Service Plans

- The Regional Director of Operations will conduct and in-service with the Executive Director to provide education surrounding the fact that prior to the tenant's signing of the occupancy agreement a preliminary service plan will be developed

2700 Matthew John Drive
Dubuque, IA 52002
563-690-1900
563-690-0600 f

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- The Regional Director of Operations will conduct monthly audits of all new residents to ensure that a preliminary service plan was developed prior to the resident's signing of the occupancy agreement. This will occur for the next six months.

IAC r 481-69.26(4)a – Service Plans

- The Care Services Manager will conduct a full nursing review for tenant #6 and a new care plan will then be developed to support the resident's current needs by 7/3/15.
- The Care Service Manager will review all care plans of current residents to ensure they support their current needs by 7/5/15.
- The Care Services Manager will be reeducated by Regional Director of Care Services on the Iowa regulations to include that all resident needs and preferences for assistance are to be reflected in the service plan. This will be completed by 7/5/15.
- The Regional Director of Care Services or designee will do a monthly audit on randomly selected residents to ensure all resident needs and preferences for assistance are correctly identified in the service plan. This will be conducted for the next 6 months.

Date of completion for the Plan of Correction is July 5th, 2015.

Sincerely,

Scott Rausch

Executive Director/Eagle Pointe Place

2700 Matthew John Drive | 563-690-1900
Dubuque, IA 52002 | 563-690-0600 f

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