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 18, 2015

**Complaint Intake #: 52437-C**

Kimberly Boyd, Manager
Country Meadow Place AL
17396 Kingbird Avenue
Mason City, IA 50401

**RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Country Meadow Place, LLC, Mason City, IA**

Dear Ms. Boyd:

Enclosed is the **Final Complaint Investigation & 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 **June 10, 11 and 15, 2015.** The following allegations were investigated in regards to Complaint #52437-C: staffing and service plan.

Based on observations, interviews, review of past and current tenant files, incident reports, and program policies, the following was found:

1. Allegation – Staffing. It was alleged staff scattered paper on the floor for one tenant to vacuum which resulted in another tenant falling after trying to pick up the paper.
   Findings- Not Substantiated
   Comments –Five files were reviewed. It could not be determined that staff created a hazard which resulted in a tenant falling.

2. Allegation – Service Plans. It was alleged the staff were not directed to provide personal cares to a tenant.
   Findings – Not Substantiated
   Comments –Staff were observed providing cares to tenants. Tenants were observed to be clean and cares were given. Staff was able to identify personal cares tenants required. Service plans and task sheets identified personal cares tenants needed and the care was documented as given.

The Report notes Regulatory Insufficiency in the area(s) of: Program policies and procedures.

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 **S0004** with effective dates of **June 1, 2015** through **May 31, 2017**.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

*Rose Boccella*

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | S0004 | A. BUILDING: _____ B. WING _____ | C 06/15/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRY MEADOW PLACE, LLC | 17396 KINGBIRD AVE MASON CITY, IA 50401 |

| (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<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>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 12<br>Number of tenants with cognitive disorder: 13<br>Total Population of Program at time of on-site: 25<br><br>TOTAL census of Assisted Living Program:<br><br>No regulatory insufficiencies were cited during the investigation of Complaint #52437-C.<br><br>The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program: | A 000 | | |
| A 003 | 481-67.2 Program policies and procedures<br><br>481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.<br><br>This REQUIREMENT is not met as evidenced by: | A 003 | | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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| A 003 | Continued From page 1<br><br>Based on observation, interview, and policy review, handwashing and the handling of medications was not completed per the Program's policies and procedures.<br><br>In an interview with the registered nurse (RN) on 6-11-15, she stated staff were not to use bare hands to touch pills.<br><br>1. On 6-10-15 at 4:11 p.m. Staff B, Universal Worker (UW), was observed during a medication pass. Staff B popped pills out of the bubble pack and into bare hands. Pills were then transferred to a medication cup. At 4:15 p.m. Staff B popped a pill out of a bubble pack. The pill landed on a piece of paper. Staff B used bare hands to pick up the pill and put the pill in the medication cup.<br><br>2. On 6-11-15 at 7:13 a.m. Staff C, UW, was observed during a medication pass. When getting Vitamin D out of a bottle, two pills fell into the cup; only one was ordered. Staff C used bare hands to pick out the extra pill from the cup.<br><br>3. On 6-11-15 at 9:10 a.m. Staff A, UW, was observed during a medication pass. Medications spilled from the medication cup and Staff A used bare hands to scoop up the pills.<br><br>The following medication policies were reviewed and contained the following:<br><br>The bloodborne pathogens policy stated hands were to be washed immediately after the removal of gloves.<br><br>The medication management policy stated hands were to be washed before administering | A 003 | | |

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| A 003 | Continued From page 2<br>medications.<br><br>The insulin administration procedure stated hands were to be cleansed before and after the administration of insulin.<br><br>The oral hygiene procedure stated hands were to be washed before care was provided and after the removal of gloves when cares were completed.<br><br>The catheter care procedure stated hands were to be washed before care was provided and after the removal of gloves when cares were completed.<br><br>The procedure for dressing and undressing a tenant stated hands were to be washed before and after the task.<br><br>1. On 6-10-15 at 4:45 p.m. Staff D administered insulin to Tenant #6. Staff D removed gloves but did not wash hands prior to exiting the apartment.<br><br>2. At 4:49 p.m. Staff D entered Tenant #3's apartment, did not wash hands, applied gloves and checked Tenant #3's blood sugar. Without removing gloves or washing hands, Staff D administered insulin. Staff D picked up trash on the floor with the gloved hands. Using the same gloved hands, Staff D assisted Tenant #3 with socks and shoes. Without changing gloves or washing hands, Staff D proceeded to empty the urinary catheter leg bag. Staff D removed the gloves but did not wash hands. New gloves were applied. Staff D assisted Tenant #3 to wash hands. Staff D removed the gloves and did not wash hands prior to leaving Tenant #3's | A 003 | | |

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| A 003 | Continued From page 3<br>apartment.<br><br>3. On 6-11-15 at 7:08 a.m. Staff C entered Tenant #6's apartment. Gloves were applied without first washing hands. Staff C administered insulin and gloves were removed. Hands were not washed after removal of the gloves or before leaving the apartment.<br><br>4. At 7:13 a.m. Staff C entered Tenant #7's apartment. Staff C assisted Tenant #7 with dressing. Hands were not washed before or after the task. Staff C applied gloves without washing hands, administered an eye drop, and removed the gloves. Hands were not washed after removal of the gloves or before leaving the apartment.<br><br>5. At 8:07 a.m. Staff C entered Tenant #3's apartment. Staff C applied gloves without washing hands first and assisted Tenant #3 to remove socks and assist with new socks and shoes. Staff C administered medications with the same gloved hands. Staff C assisted Tenant #3 with dentures with the same gloved hands After assisting with the dentures, the gloves were removed. | A 003 | | |

Country Meadow Place
17396 Kingbird Ave
Mason City, Iowa 50401
Ph.: 641-423-7722
Fax: 641-421-8078

**Date:** June 24, 2015

**Complaint/Investigation Intake #'s:** **52437-C**

**Plan of Correction (POC) Submitted For: Country Meadow Place, LLC, Mason City Iowa.**

- Investigation Date: June 10, 11 and 15, 2015
- Monitors: Lori Miner

**POC:**

**A. Program Policies and Procedures.**

a. **Regulatory Insufficiency:** **481-67.2 (231A, 231B, 231C)** Program Policies and Procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

**Program POC:**

1. **Elements detailing how the program will correct the insufficiency as it relates To the tenant:**

   A. The Program purchased hand sanitizer for Staff to wear at all times and use before donning and after doffing gloves while providing resident services. Hand soap and paper towels will be made available by the program in the resident's apartments for handwashing.

   B. The Program conducted mandatory training with all Staff to review Policies and Procedures on 6/24 and 6/25. Training included the areas of bloodborne pathogens, infection control, proper glove usage and handwashing procedures during resident cares, medication assistance, insulin administration, oral hygiene, catheter care, and dressing/undressing.

   C. The Program RN will retrain delegations as it pertains to proper hand washing techniques, glove usage, medication assistance and handling procedures by July 8th, 2015.

2. **Actions program taking to protect tenants in similar situations:**

   A. The Program RN will ensure Staff are washing hands when entering and exiting each Resident apartment and in between tasks and glove changes.

The Program RN will ensure staff comprehension and competency through return demonstration of reviewed delegated tasks as it pertains to the observations of the monitor.

B. Random observation by RN and Manger to ensure proper procedures are being followed to meet compliance at a monthly minimum.

**3. Measures taken to ensure problem does not recur:**

A. The RN and Manager will conduct routine unannounced inspections at least monthly.

B. The RN and Manager will conduct routine and ongoing trainings to ensure compliance and understanding of Policies and Procedures during monthly in-services, annually, and as needed. The areas of training will include bloodborne pathogens, glove usage, infection control, medication management, insulin administration, oral hygiene, catheter care, and dressing/undressing procedures

C. Hand sanitizer will be distributed to Staff for easy access and a supply will be available at all times.

**4. Date by which the regulatory insufficiency will be corrected:**

A. The Regulatory insufficiencies based on Policies and Procedure will be corrected and in place by July 8th, 2015.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.