IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 7, 2015

Ms. Sharon Nicholson, Director
Country Side Estates
921 Riverview Drive
Cherokee, IA 51012

RE: Final Recertification Monitoring Evaluation Report – Country Side Estates, Cherokee, IA

Dear Ms. Nicholson:

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 **June 30, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Occupancy Agreement, 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 **S0158** with effective dates of **October 9, 2014** through **October 8, 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
	S0158	A. BUILDING: _____ B. WING _____	06/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY SIDE ESTATES	921 RIVERVIEW DRIVE CHEROKEE, IA 51012

(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: 14 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 14 Total Population of Program at time of on-site: 14 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program: 231C.5.1 WRITTEN OCCUPANCY AGREEMENT REQUIRED. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. Based on record review, occupancy agreements	A 000		

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A 000	Continued From page 1 were not executed between the Program and each tenant or legal representative prior to the tenant's occupancy. 1. According to the Identification and Summary Sheet, Tenant #1 was admitted to the Program on 3-28-15. Nurse's notes dated 3-28-15 and timed 3:30 p.m. documented Tenant #1 was admitted to the Program accompanied by family. Tenant #1's occupancy agreement was signed by a family member and dated 3-30-15. The Program Supervisor signed the agreement and dated 3-30-15. 2. According to the Identification and Summary Sheet, Tenant #2 was admitted to the Program on 2-20-15. Nurse's notes dated 2-20-15 documented Tenant #2 was admitted to the Program accompanied by family. Tenant #2's occupancy agreement was signed by Tenant #2 and dated 2-21-15.	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	A 037		

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A 037	Continued From page 2 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 review of tenant files and interview, evaluations were not completed within 30 days of occupancy and with significant change. 1. Tenant #2, an 87 year-old, was admitted on 2-20-15 and had diagnoses of: dementia, hypertension, congestive heart failure, and asthma. The clinical record lacked documentation of the completion of functional, cognitive, and health evaluations completed within 30 days of admission. 2. Tenant #3, an 83 year-old, was admitted on 11-19-12 and had diagnoses of: Alzheimer's disease, hypertension, and osteoporosis. Incident reports dated 5-17-15 and 6-23-15 documented Tenant #3 had choking episodes while at lunch and the Heimlich maneuver was performed to dislodge food. A fax to the healthcare provider dated 6-23-15 documented the second choking episode and Tenant #3's increased confusion. A request was made for speech therapy to evaluate Tenant #3 and to transfer Tenant #3 to a higher level of care. Nurse's notes dated 6-25-15 noted Tenant #3 had a broken blood vessel in the left eye and the sclera appeared bloody. Notes of 6-26-15	A 037		

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A 037	Continued From page 3 documented Tenant #3 was transferred to a nursing home. At exit, the Program Supervisor stated the Program had been providing the presence of two staff members due to Tenant #3's choking episodes. Tenant #3 exhibited a significant change of condition, choking and increased confusion, which required staff intervention of two persons at meals and a referral to speech therapy. Tenant #3 also required a higher level of care. Evaluations were not completed with a significant change of condition.	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: Based on review of tenant records, service plans did not meet the specific service needs of the individual tenant, was not updated with changes, and was not based on evaluations. 1. Tenant #1, an 87 year-old, was admitted on	A 083		

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A 083	Continued From page 4 3-28-15 and had diagnoses of: diabetes, anxiety, spinal stenosis, hypertension, gastroesophageal reflux disease, and depression. Nurse's notes dated 3-28-15 documented Tenant #1 had an open area to the tip of the right great toe. Notes of 4-6-15 documented a consultation with a wound clinic was scheduled. The service plan dated 3-28-15 did not identify the wound clinic as an outside service provider and did not identify the history of skin breakdown or interventions for the toe wound. The service plan identified Tenant #1 required assistance with bathing. The service plan did not identify care of the toe wound during bathing. 2. Tenant #2, an 87 year-old, was admitted on 2-20-15 and had diagnoses of: dementia, hypertension, congestive heart failure, and asthma. The service plan dated 2-20-15, the initial service plan, was not signed by Tenant #2 until 3-9-15, after taking occupancy of the apartment and after signing the occupancy agreement on 2-21-15. The clinical record contained documentation of treatment provided by occupational therapy (OT). The service plan dated 2-20-15 did not identify Tenant #2's need for OT. The initial service plan dated 2-20-15 documented Tenant #2 was generally independent with all activities of daily living, and the Program administered the medications. Nurse's notes dated 3-9-15 documented staff reported Tenant #2 was incontinent and unable to perform activities of daily living without prompting. Showers were not being completed	A 083		

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A 083	Continued From page 5 by Tenant #2. Notes of 3-12-15 documented laboratory tests were completed and the same care was to be provided. The service plan was not updated with a change of condition to meet the service needs of Tenant #2. On 5-15-15 a quarterly nurse review was completed and included a functional evaluation. The evaluation indicated Tenant #2 required partial assistance with toileting. The current service plan, dated 2-20-15, revealed Tenant #2 was independent with toileting. The service plan was not updated based on the evaluation of 5-15-15. 3. Tenant #3, an 83 year-old, was admitted on 11-19-12 and had diagnoses of: Alzheimer's disease, hypertension, and osteoporosis. Incident reports dated 5-17-15 and 6-23-15 documented Tenant #3 had choking episodes while at lunch and the Heimlich maneuver was performed to dislodge food. A fax to the healthcare provider dated 6-23-15 documented the second choking episode and Tenant #3's increased confusion. A request was made for speech therapy to evaluate Tenant #3 and to transfer Tenant #3 to a higher level of care. At exit, the Program Supervisor stated the Program had been providing the presence of two staff members due to Tenant #3's choking episodes. The current service plan was dated 10-20-14. On 6-24-15 an addition was made to the service	A 083		

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A 083	Continued From page 6 plan to include speech therapy. The service plan did not identify the need for the presence of two staff persons during meals or other staff interventions related to Tenant #3's choking episodes.	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 a review of tenant files, a nurse review was not completed to assess and document the health status of tenants following a change of condition and to monitor progress related to previous recommendations. 1. Tenant #2, an 87 year-old, was admitted on 2-20-15 and had diagnoses of: dementia, hypertension, congestive heart failure, and asthma. The initial service plan dated 2-20-15 documented Tenant #2 was generally independent with all activities of daily living, and	A 096		

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A 096	Continued From page 7 the Program administered the medications. Nurse's notes dated 3-9-15 documented staff reported Tenant #2 was incontinent and unable to perform activities of daily living without prompting. Showers were not being completed by Tenant #2. A nurse review was not completed with a reported change of condition. 2. The clinical record contained documentation of treatment provided by occupational therapy (OT) from 2-27-15 until 4-16-15 for safety and self care related to activities of daily living. A nurse review was not completed after OT was finished to monitor progress related to the therapy.	A 096		

A000

Countryside Estates Assisted Living Facility will ensure all required documents are signed and obtained in correct order prior to occupancy.

Delegating nurse educated on occupancy agreement and the need to be signed by the tenant prior to occupancy. A checklist will be initiated for admissions to ensure all documents are obtained in the correct order.

Don will routinely monitor and audit for compliance effective on July 16' 2015.

A037

Countryside Estates Assisted Living Facility will complete evaluation initially and within 30 days of occupancy and with all significant changes. Service plans will be completed thoroughly and reflect the specific needs of each individual tenant.

Delegating nurse educated on need for 30 day assessments and with all significant changes in regards to tenant #2 and tenant #3.

DON will routinely monitor and audit for compliance effective July 16, 2015.

A083

Countryside Estates Assisted Living Facility will ensure that all service plans will meet the specific needs of the tenant and will be updated with any significant changes based on evaluations. Service plans will be signed and dated by tenants prior to completing the occupancy agreement. In addition all outside service providers will be identified on the service plan.

In regards to tenant #1 delegating nurse educated on need to list all outside service providers on the service plan. Service plan updated July 9, 2015.

In regards to tenant #2 delegating nurse educated on the need to update service plan with all changes in condition to meet the service needs for the tenant. Service plan was updated on July 9, 2015

In regards to tenant #3 delegating nurse educated on the need for updating the service plan to identify all outside service providers. Delegating nurse also educated on the need to update service plans and add new interventions as the tenant needs change. Service plan updated on July 9, 2015.

DON will routinely monitor and audit service plans for compliance effective July 16, 2015.

A096

Countryside Estates Assisted Living Facility will ensure that nurse reviews will be completed to assess and document health status of tenants following all changes in condition and to monitor progress related to previous recommendations.

In regards to tenant #2 delegating nurse educated on need for nurse review to be completed with all reported changes in condition and after outside services completed to monitor progress related to the outside service.

DON will routinely monitor and audit for compliance effective July 16, 2015.