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 14, 2015

Ms. Jamie Carroll, RN Administrator
Mill Pond Retirement Community
1201 SE Mill Pond Court
Ankeny, IA 50021

RE: Final Recertification Monitoring Evaluation Report – Mill Pond Retirement Community, Ankeny, IA

Dear Ms. Carroll:

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 18 & 19, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Dependent Adult Abuse Training, Staffing and Evaluation.

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 recertification process has not been completed. In addition, the State Fire Marshal's (SFM) inspection report has not been received for your program. The certificate will be sent when the process has been completed.

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
	S0027	A. BUILDING _____ B. WING _____	05/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL POND AL	1201 SE MILL POND CT ANKENY, IA 50021

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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: 27 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 28 TOTAL census of Assisted Living Program: 28 The following regulatory insufficiencies were cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program. Iowa Code 235B.16(5)(b) A person required to report cases of dependent adult abuse pursuant to sections 235B.3 and 235E.2, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or; if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years.	A 000		

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

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A 000	Continued From page 1 Based on interview and record review, the Program failed to ensure all direct care staff had received two hours of Mandatory Dependent Adult Abuse Reporting within six months of employment as required by Iowa Code 235 B.16 (5) (b). Five staff files were reviewed and revealed the following: 1. Staff B, a Resident Assistant, completed Mandatory Reporter Training in Recognition and Reporting of Child and Dependent Adult Abuse on 10/24/14. Review of the certificate revealed the Iowa Department of Public Health (IDPH) approved the curriculum, but the certificate did not include the number of hours required for course completion. The Program provided documentation of a one hour course for Preventing, Recognizing and Reporting Resident Abuse; however, approval by IDPH could not be confirmed. 2. Staff C, a Resident Assistant, completed a class on Mandatory Reporter Training in Recognition and Reporting in Recognition of Child and Adult Abuse on 3/13/14. Review of the certificate revealed the Iowa Department of Public Health (IDPH) approved the curriculum, but the certificate did not include the number of hours required for course completion. The Program provided documentation of a one hour course for Preventing, Recognizing and Reporting Resident Abuse; however, approval by IDPH could not be confirmed. When interviewed on 5/18/15 , the registered nurse (RN) confirmed the staff completed a combined Mandatory Child and Adult Abuse Reporter training. She did not know how much of the class addressed adult abuse reporting.	A 000		

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A 055	Continued From page 2	A 055		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants ' identified needs. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the Program allowed an unlicensed staff member to complete evaluations. Finding follows: 1. Tenant #1, a 95 year-old, was admitted on 3/24/15 and had diagnoses of: history of right hip fracture, hypertension, congestive heart failure, diabetes and edema. An entry in the Nurses Notes dated 5/12/15 at 12:00 p m. documented the following: "c/o loose stool x "a couple of days " (with) 2 episodes of diarrhea today. Is currently on 10 d (day) course of Amoxicillin (&) explained (to) (resident) some ATB (antibiotic) may cause GI sx (symptoms) such as loose stool (&) upset stomach. Agrees to take (after) eating something. 1-2 + PE (pitting edema) bilat(eral) LE (lower extremities) L> R (left greater than right) but is not wearing TED (support hose) @ this x (time). States (his/her) complaint is feeling "tired (&) worn out." BP (blood pressure) 110/60 P (pulse) 80 R (respirations) 18 pox (pulse oximetry) RA (room air) Will call if SX (symptoms) worsen or needs assistance. Denies any pain or CP (chest pain)." The entry was signed by Staff A, a certified medication aide, (CMA).	A 055		

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A 055	Continued From page 3 2. Tenant #2, an 85 year-old was admitted on 6/19/09 and had diagnoses of: stroke, hypertension, dementia, urinary retention and gastrointestinal bleeding. On 6/23/14, Tenant #2 was staged at five to six on the Global Deterioration Scale (GDS) which indicated moderately severe to severe cognitive decline. An entry in the Nurses Notes dated 3/26/15 at 9:00 a.m. noted the following: "Per caregiver report (resident) c/o (complained) (decreased) @ 4:40 A (a.m.) (&) was give 6 A (a.m.) dose of tylenol.....Finished 7 d (day) course of ATB (antibiotic) for bladder infection on 3/16 but also c/o (complained) back pain 1x (time) last week. Denies any other S/S (signs and symptoms) bladder infection. Afebrile. Order written (cont) (continued on next page of notes) by (physician) on AL (assisted living) rounds 1) UA (urinalysis) C (&) S (culture and sensitivity) if indicated. Sample obtained is light yellow and cloudy. No odor noted. Specimen sent to (lab). The entry was signed by Staff A, CMA. An entry in the Nurses notes dated 4/2/15 at 10 A (a.m.) noted the following: "Was escorted by W/ch (wheelchair) that night to supper d/t (due to) expressed interest in attending meal but still too much pain to ambulate to dining room. Reported improvement of Sx (symptoms) on 4/1 (&) ambulated to all 3 meals per self (without) difficulty. Has received as needed tylenol 650 mg 1x (time) each on 2/27, 3/30, 3/31 (with) some relief (&) also receives routinely bid (two times a day) Denies burning, (increase) frequency or (decrease) output, Abefrile. Above info(rmation) relayed to (physician) (&) new orders written 1) UA (urinalysis) C (&) S (culture and sensitivity) if indicated. Attempted x3 to collect sample this am (sic) but was unable to void. Given full glass of	A 055		

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A 055	Continued From page 4 water (&) encouraged to drink." The entry was signed by Staff A, Certified Medication Aide. 3. Tenant #3, an 88 year-old, was admitted on 11/19/13 and had diagnoses of: hypertension, diabetes, anxiety, osteopenia, and arthritis. An incident report dated 2/25/15 documented Tenant #3 pushed the call light at 7:30 a.m. to report a fall. The incident report contained the following documentation: "states (he/she) got (up) to use BR (bathroom) (and after) getting up from toilet, (he/she) fell. Is unsure what caused (him/her) to fall. Does not recall feeling dizzy or tripping (has BR (bathroom) rug in front of toilet). Denies hitting head. (Complains of right) rib pain. Pain increases (with) deep breath/cough. Tender when palpated but no bruising/deformity observed (at) this (time)....Is able to ambulate (with) minimal discomfort "a little bit/some." Given (two) apap (and) cold pack applied (at) 8A (a.m.)" The incident report, in the section identified as Nurse Follow-Up, contained the following documentation: 2/26/15 at 3P (3 p.m.) "(complained of) discomfort in (right upper) rib area but no longer having any difficulty taking deep breath. "Hurts a little., but not bad". Area is tender to touch. 9x2 cm purple line shaped bruise. on (upper right) rib cage (with) 4x3 cm irregular/slightly oval shaped bruise above it under (right) breast. Did all ADL's (activities of daily living) (himself/herself) per usual (and) attended lunch in MDR (dining room). Denies (shortness of breath). No difficulty ambulating. (Resident) verbalized understanding to use call light if ever falls again/needs help." The incident report was signed by Staff A, a CMA, as the person completing the report.	A 055		

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A 055	Continued From page 5 4. In an interview on 5/19/15, Staff A stated she completed the Nurse follow-up with Tenant #3 as documented on the incident report. 5. An incident report dated 2/27/15 and timed 10:30 a.m. for Tenant #4, was also completed by Staff A. The Nurse Follow-Up on the same incident report was also completed by Staff A, but was not dated or timed. An incident report dated 5/5/15 and timed 9:20 a.m. for Tenant #5 was completed by Staff A. The Nurse Follow-Up on the same incident report was also completed by Staff A, on 5/6/15 at 2:00 p.m. 6. The Program provided a copy of the medication assistant job description as well as the "Office CMA List of Duties." The list was signed by both the RN and Staff A on 5/24/12. The list of duties identified the CMA was to "do an initial evaluation" on any tenant that had a problem overnight. In an interview with the registered nurse (RN) on 5/19/15, she stated Staff A had been selected to work in the office part time. The RN stated she had no documented training for Staff A to perform an "initial evaluation." The RN confirmed Staff A was a CMA. The Program provided a copy of the Incident Reporting Policy which stated "An Assisted Living nurse will conduct a follow-up on all Occurrence Reports..." In the interview with the RN on 5/19/15, she stated follow-up was documented on the back side of the incident reports, section labeled Nurse Follow-Up, and in the tenant's clinical record. 7. In an interview with Staff A on 5/19/15, she	A 055		

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A 055	Continued From page 6 stated was a CMA. Staff A reported she read through the report book and looked for things out of the ordinary. Staff A reported she followed-up on tenants not feeling well, including upset stomachs and tenants not coming to meals. Staff A stated she reported to the RN. Staff A reported she would follow-up after antibiotics and ask tenants about any further symptoms. Staff A reported she did not follow-up on respiratory conditions because she did not listen to lung sounds. Staff A reported she asked tenants about nausea, vomiting, diarrhea, medications taken, fever, chills, and check vital signs. Staff A reported she had been delegated and trained by the RN over time. Staff A, CMA, was an unlicensed staff member who performed evaluations. The performance of evaluations is beyond the scope of practice for a CMA.	A 055		
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 7 This REQUIREMENT is not met as evidenced by: Based on record review, the Program did not evaluate functional status for tenants. 1. Tenant #1, a 95 year-old, was admitted on 3/24/15 and had diagnoses of: history of right hip fracture, hypertension, congestive heart failure, diabetes and edema. Tenant #1 had a Functional Assessment/Service Plan completed on 4/22/15. 2. Tenant #2, an 85 year-old was admitted on 6/19/09 and had diagnoses of: stroke, hypertension, dementia, urinary retention and gastrointestinal bleeding. On 6/23/14, Tenant #2 was staged at five to six on the Global Deterioration Scale (GDS) which indicated moderately severe to severe cognitive decline. Tenant #2 had an annual Functional Assessment/Service Plan completed on 6/23/14 which was current at the time of the on-site visit. 3. Tenant #3, an 88 year-old, was admitted on 11/19/13 and had diagnoses of: hypertension, diabetes, anxiety, osteopenia, and arthritis. Tenant #3 had an annual Functional Assessment/Service Plan completed on 12/9/14 which was current at the time of the on-site visit. On 5/18 - 5/19/15 review of Functional Assessment/Service Plans for Tenant #1, Tenant #2 and Tenant #3 revealed the documented identified preferences using "I want" statements but did not actually evaluate functional abilities. The documents were signed by the individual tenants consistent with a service plan. When asked to provide additional documentation of a	A 037		

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A 037	Continued From page 8 functional evaluation, the RN provided a Quarterly Nurse Review with a section entitled "Functional Status". The Quarterly Nurse Review documented there was a change in functional status; however, the form did not document an evaluation of functional status.	A 037		

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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: 27 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 28 TOTAL census of Assisted Living Program: 28 The following regulatory insufficiencies were cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program. Iowa Code 235B.16(5)(b) A person required to report cases of dependent adult abuse pursuant to sections 235B.3 and 235E.2, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years.	A 000		

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A 000	Continued From page 1 Based on interview and record review, the Program failed to ensure all direct care staff had received two hours of Mandatory Dependent Adult Abuse Reporting within six months of employment as required by Iowa Code 235 B.16 (5) (b). Five staff files were reviewed and revealed the following: 1. Staff B, a Resident Assistant, completed Mandatory Reporter Training in Recognition and Reporting of Child and Dependent Adult Abuse on 10/24/14. Review of the certificate revealed the Iowa Department of Public Health (IDPH) approved the curriculum, but the certificate did not include the number of hours required for course completion. The Program provided documentation of a one hour course for Preventing, Recognizing and Reporting Resident Abuse; however, approval by IDPH could not be confirmed. 2. Staff C, a Resident Assistant, completed a class on Mandatory Reporter Training in Recognition and Reporting in Recognition of Child and Adult Abuse on 3/13/14. Review of the certificate revealed the Iowa Department of Public Health (IDPH) approved the curriculum, but the certificate did not include the number of hours required for course completion. The Program provided documentation of a one hour course for Preventing, Recognizing and Reporting Resident Abuse; however, approval by IDPH could not be confirmed. When interviewed on 5/18/15 , the registered nurse (RN) confirmed the staff completed a combined Mandatory Child and Adult Abuse Reporter training. She did not know how much of the class addressed adult abuse reporting.	A 000	IA Code 235B.16(5)(b) Dependent Adult Abuse Training Assisted Living Program Dependent Adult Abuse Training process and verification reviewed and revised 5/20/15. Identified staff were provided Curriculum #148 approved Dependent Adult Abuse Training. All employee files were audited by Human Resources staff. All employees have completed approved 2 hour Dependent Adult Abuse training. New employee hiring process reviewed and modified to include 2 hours of Dependent Adult Abuse training. All ongoing 5 year renewal training also to utillze approved 2 hour Dependent Adult Abuse training material. Audits will be completed quarterly of employee compliance with 2 hour Dependent Abuse Training requirements for 12 months. Results of audits will be reviewed by Human Resources to identify ongoing needs for monitoring. Site Human Resources is responsible for ongoing compliance. Effective May 20, 2015	

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A 055	Continued From page 2	A 055		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants ' identified needs. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the Program allowed an unlicensed staff member to complete evaluations. Finding follows: 1. Tenant #1, a 95 year-old, was admitted on 3/24/15 and had diagnoses of: history of right hip fracture, hypertension, congestive heart failure, diabetes and edema. An entry in the Nurses Notes dated 5/12/15 at 12:00 p m. documented the following: "c/o loose stool x "a couple of days " (with) 2 episodes of diarrhea today. Is currently on 10 d (day) course of Amoxicillin (&) explained (to) (resident) some ATB (antibiotic) may cause GI sx (symptoms) such as loose stool (&) upset stomach. Agrees to take (after) eating something. 1-2 + PE (pitting edema) bilat(eral) LE (lower extremities) L> R (left greater than right) but is not wearing TED (support hose) @ this x (time). States (his/her) complaint is feeling "tired (&) worn out." BP (blood pressure) 110/60 P (pulse) 80 R (respirations) 18 pox (pulse oximetry) RA (room air) Will call if SX (symptoms) worsen or needs assistance. Denies any pain or CP (chest pain)." The entry was signed by Staff A, a certified medication aide, (CMA).	A 055	481-67.9(1) Staffing Assessment and review process redeveloped on 5/19/2015. All assessments and evaluations to be completed by Licensed Nursing staff. Tenant charts audited monthly for 90 days to ensure compliance with assessment process by licensed nursing staff. Nursing Assessment and Incident Report Policies reviewed and current. Clinical Administrator responsible for ongoing compliance. Effective 5/19/2015	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0027	A. BUILDING _____ B. WING _____	05/19/2015

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A 055	Continued From page 3 2. Tenant #2, an 85 year-old was admitted on 6/19/09 and had diagnoses of: stroke, hypertension, dementia, urinary retention and gastrointestinal bleeding. On 6/23/14, Tenant #2 was staged at five to six on the Global Deterioration Scale (GDS) which indicated moderately severe to severe cognitive decline. An entry in the Nurses Notes dated 3/26/15 at 9:00 a.m. noted the following: "Per caregiver report (resident) c/o (complained) (decreased) @ 4:40 A (a.m.) (&) was give 6 A (a.m.) dose of tylenol.....Finished 7 d (day) course of ATB (antibiotic) for bladder infection on 3/16 but also c/o (complained) back pain 1x (time) last week. Denies any other S/S (signs and symptoms) bladder infection. Afebrile. Order written (cont) (continued on next page of notes) by (physician) on AL (assisted living) rounds 1) UA (urinalysis) C (&) S (culture and sensitivity) if indicated. Sample obtained is light yellow and cloudy. No odor noted. Specimen sent to (lab). The entry was signed by Staff A, CMA. An entry in the Nurses notes dated 4/2/15 at 10 A (a.m.) noted the following: "Was escorted by W/ch (wheelchair) that night to supper d/t (due to) expressed interest in attending meal but still too much pain to ambulate to dining room. Reported improvement of Sx (symptoms) on 4/1 (&) ambulated to all 3 meals per self (without) difficulty. Has received as needed tylenol 650 mg 1x (time) each on 2/27, 3/30, 3/31 (with) some relief (&) also receives routinely bid (two times a day) Denies burning, (increase) frequency or (decrease) output, Abefrile. Above info(rmation) relayed to (physician) (&) new orders written 1) UA (urinalysis) C (&) S (culture and sensitivity) if indicated. Attempted x3 to collect sample this am (sic) but was unable to void. Given full glass of	A 055		

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A 055	Continued From page 4 water (&) encouraged to drink." The entry was signed by Staff A, Certified Medication Aide. 3. Tenant #3, an 88 year-old, was admitted on 11/19/13 and had diagnoses of: hypertension, diabetes, anxiety, osteopenia, and arthritis. An incident report dated 2/25/15 documented Tenant #3 pushed the call light at 7:30 a.m. to report a fall. The incident report contained the following documentation: "states (he/she) got (up) to use BR (bathroom) (and after) getting up from toilet, (he/she) fell. Is unsure what caused (him/her) to fall. Does not recall feeling dizzy or tripping (has BR (bathroom) rug in front of toilet). Denies hitting head. (Complains of right) rib pain. Pain increases (with) deep breath/cough. Tender when palpated but no bruising/deformity observed (at) this (time)....Is able to ambulate (with) minimal discomfort "a little bit/some." Given (two) apap (and) cold pack applied (at) 8A (a.m.)" The incident report, in the section identified as Nurse Follow-Up, contained the following documentation: 2/26/15 at 3P (3 p.m.) "(complained of) discomfort in (right upper) rib area but no longer having any difficulty taking deep breath. "Hurts a little., but not bad". Area is tender to touch. 9x2 cm purple line shaped bruise. on (upper right) rib cage (with) 4x3 cm irregular/slightly oval shaped bruise above it under (right) breast. Did all ADL's (activities of daily living) (himself/herself) per usual (and) attended lunch in MDR (dining room). Denies (shortness of breath). No difficulty ambulating. (Resident) verbalized understanding to use call light if ever falls again/needs help." The incident report was signed by Staff A, a CMA, as the person completing the report.	A 055		

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A 055	Continued From page 5 4. In an interview on 5/19/15, Staff A stated she completed the Nurse follow-up with Tenant #3 as documented on the incident report. 5. An incident report dated 2/27/15 and timed 10:30 a.m. for Tenant #4, was also completed by Staff A. The Nurse Follow-Up on the same incident report was also completed by Staff A, but was not dated or timed. An incident report dated 5/5/15 and timed 9:20 a.m. for Tenant #5 was completed by Staff A. The Nurse Follow-Up on the same incident report was also completed by Staff A, on 5/6/15 at 2:00 p.m. 6. The Program provided a copy of the medication assistant job description as well as the "Office CMA List of Duties." The list was signed by both the RN and Staff A on 5/24/12. The list of duties identified the CMA was to "do an initial evaluation" on any tenant that had a problem overnight. In an interview with the registered nurse (RN) on 5/19/15, she stated Staff A had been selected to work in the office part time. The RN stated she had no documented training for Staff A to perform an "initial evaluation." The RN confirmed Staff A was a CMA. The Program provided a copy of the Incident Reporting Policy which stated "An Assisted Living nurse will conduct a follow-up on all Occurrence Reports..." In the interview with the RN on 5/19/15, she stated follow-up was documented on the back side of the incident reports, section labeled Nurse Follow-Up, and in the tenant's clinical record. 7. In an interview with Staff A on 5/19/15, she	A 055		

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A 055	Continued From page 6 stated was a CMA. Staff A reported she read through the report book and looked for things out of the ordinary. Staff A reported she followed-up on tenants not feeling well, including upset stomachs and tenants not coming to meals. Staff A stated she reported to the RN. Staff A reported she would follow-up after antibiotics and ask tenants about any further symptoms. Staff A reported she did not follow-up on respiratory conditions because she did not listen to lung sounds. Staff A reported she asked tenants about nausea, vomiting, diarrhea, medications taken, fever, chills, and check vital signs. Staff A reported she had been delegated and trained by the RN over time. Staff A, CMA, was an unlicensed staff member who performed evaluations. The performance of evaluations is beyond the scope of practice for a CMA.	A 055		
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	481-69.22(2) Evaluation of Tenant Process and documentation for evaluation of tenant functional status is being redeveloped to include a functional assessment separate from the current "Functional Assessment/Service Plan" document. New Functional Assessment to be completed by 8/15/15. The new functional assessment will be implemented for each tenant as their quarterly and annual assessments come due or with significant change in status or condition. Clinical administrator is responsible for ongoing compliance. Effective August 15, 2015	

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A 037	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on record review, the Program did not evaluate functional status for tenants. 1. Tenant #1, a 95 year-old, was admitted on 3/24/15 and had diagnoses of: history of right hip fracture, hypertension, congestive heart failure, diabetes and edema. Tenant #1 had a Functional Assessment/Service Plan completed on 4/22/15. 2. Tenant #2, an 85 year-old was admitted on 6/19/09 and had diagnoses of: stroke, hypertension, dementia, urinary retention and gastrointestinal bleeding. On 6/23/14, Tenant #2 was staged at five to six on the Global Deterioration Scale (GDS) which indicated moderately severe to severe cognitive decline. Tenant #2 had an annual Functional Assessment/Service Plan completed on 6/23/14 which was current at the time of the on-site visit. 3. Tenant #3, an 88 year-old, was admitted on 11/19/13 and had diagnoses of: hypertension, diabetes, anxiety, osteopenia, and arthritis. Tenant #3 had an annual Functional Assessment/Service Plan completed on 12/9/14 which was current at the time of the on-site visit. On 5/18 - 5/19/15 review of Functional Assessment/Service Plans for Tenant #1, Tenant #2 and Tenant #3 revealed the documented identified preferences using "I want" statements but did not actually evaluate functional abilities. The documents were signed by the individual tenants consistent with a service plan. When asked to provide additional documentation of a	A 037		

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A 037	Continued From page 8 functional evaluation, the RN provided a Quarterly Nurse Review with a section entitled "Functional Status". The Quarterly Nurse Review documented there was a change in functional status; however, the form did not document an evaluation of functional status.	A 037		