IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #:**
**52309-C**
**52762-C**

July 24, 2015

Mr. Craig Bell, Administrator
Rose of Waterloo
421 Oak Avenue
Waterloo, IA 50703

**RE: Final Complaint/Incident Investigation Report, Rose of Waterloo, Waterloo, Iowa**

Dear Mr. Bell:

Enclosed is the **Final Complaint/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 an investigation by DIA on **July 1, 7 & 8, 2015.** An investigation of Complaint #52309-C and Complaint #52762-C was completed. There were no regulatory insufficiencies identified related to Complaint #52309-C. There were regulatory insufficiencies identified related to Complaint #52762-C. The regulatory insufficiencies are indicated on the enclosed report.

The following allegation was investigated in regards to Complaint #52309-C:

1. Allegation: Structure/Life Safety
   Findings: Unsubstantiated
   Comments: Staff interviews, observations, a community meeting with tenants, tenant interviews and review of Program documents did not reveal concerns regarding structure or life safety.

The following allegations were investigated in regards to Complaint #52762-C:

1. Allegation: Tenant Rights
   Findings: Unsubstantiated

Comments: Staff interviews, review of tenant files, a community meeting with tenants, tenant interviews and review of Program documents did not reveal concerns regarding tenant rights.

2. Allegation: Structure/Life Safety
   Findings: Unsubstantiated
   Comments: Staff interviews, observations, a community meeting with tenants, tenant interviews and review of Program documents did not reveal concerns regarding structure or life safety.

The Report notes Regulatory Insufficiencies in the area(s) of: 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.

If you have any questions in regard to the enclosed 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 |
|---|---|---|---|
| | S0266 | A BUILDING: _____ B WING _____ | C 07/08/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROSE OF WATERLOO | 421 OAK AVENUE WATERLOO, IA 50703 |

| (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 |
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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: 62<br>Number of tenants with cognitive disorder: 2<br>Total Population of Program at time of on-site: 64<br><br>TOTAL census of Assisted Living Program: 64<br><br>Complaint #52309-C and Complaint #52762-C were investigated. There were no regulatory insufficiencies identified related to Complaint #52309-C. There were regulatory insufficiencies identified related to Complaint #52762-C. | A 000 | | |
| 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 review of tenant files and review of Program documents the Program failed to update service plans as needed and develop service | A 083 | | |

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| A 083 | Continued From page 1<br>plans that reflected the service needs of the tenants for two of five tenant files reviewed (Tenants #2 and #3). Service plans were not updated as needed and did not reflect the service needs for two tenants.<br><br>(Complaint #52762-C)<br><br>1. Tenant #2, an 88 year old, was admitted on 8-29-13 and diagnoses included: congestive heart failure (CHF) with chronic atrial fibrillation, diabetes, sleep apnea, chronic renal disease/insufficiency and history of alcohol abuse.<br><br>According to a physician order dated 12-18-14, Tenant #2 had an order for a low sodium diet. According to a physician order, Torsemide was increased to 20 milligram (mg) by mouth daily and compression stockings to be applied in the a.m. and removed in the p.m. were ordered. The order was noted on 6-2-15.<br><br>According to Aide Intervention documents dated 6-4-15, 6-5-15 and 6-9-15, Tenant #2 received staff assistance with support hose and stand by assistance with transfers. Aide Intervention documents dated 6-9-15 and 6-12-15, reflected Tenant #2's bathroom was cleaned. The service plan dated 10-30-14 reflected "NA" regarding homemaker services. The service plan dated 10-30-14 did not reflect the compression hose, diet order and stand by assistance for transfers. The service plan also did not reflect the bathroom cleaning. The service plan was not updated as needed and did not reflect the service needs of Tenant #2.<br><br>2. Tenant #3, a 75 year old, was admitted on 2-17-15 and diagnoses included: CHF, chronic | A 083 | | |

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| A 083 | Continued From page 2<br>obstructive pulmonary disease, osteoarthritis and spinal stenosis. Tenant #3 was discharged on 6-17-15.<br><br>A physician order dated 5-14-15 indicated due to Tenant #3's anxiety, a social worker could evaluate Tenant #3 within 10 days and recommend treatment. According to a physician order dated 5-19-15, social work visits one time per week for 60 days were ordered to address psychosocial issues and needs in relation to high anxiety, grief and socialization issues. According to a physician order dated 5-27-15, Lorazepam 0.5 mg twice daily was ordered. According to Program documents dated 5-14-15 to 6-17-15, Tenant #3 had grief and panic attacks, was overly physically friendly with staff, was highly anxious, an allegation was made regarding Tenant #3 inappropriately touching staff and Tenant #3 had trouble with appropriate boundaries with staff.<br><br>The service plan dated 1-29-15 did not reflect Tenant #3's anxiety, grief, panic attacks, social work visits, inappropriate behavior and boundary issues and interventions related to the behavior. The service plan was not updated as needed and did not reflect the service needs of Tenant #3. | A 083 | | |
| A 096 | 481-69.27(3) Nurse Review<br><br>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:<br>69.27(3) To assess and document the health | A 096 | | |

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| A 096 | Continued From page 3<br>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<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on review of tenant files and review of Program documents, the Program failed 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 were changes in the tenant's health status for four of five tenant files reviewed (Tenants #1, #2, #3 and #4). Four tenants had changes in their health status and nurse reviews were not completed as needed.<br><br>(Complaint #52762-C)<br><br>1. Tenant #1, a 72 year old, was admitted on 8-27-08 and diagnoses included: hypertension (HTN), fibromyalgia and sleep apnea. Tenant #1 was discharged on 6-14-15. Review of Tenant #1's service plan revealed Tenant #1 did not receive any routine personal or health-related care. The service plan reflected Tenant #1 was independent with meals.<br><br>According to a Care Call Note dated 6-14-15, Tenant #1 needed assistance to the bathroom and back to bed. Tenant #1 reported having chills and declined to go to the emergency room at that time but would call or use the pendant if needed. The time reflected on the Care Call Note was from 5:05 a.m. to 5:28 a.m.<br><br>According to an Incident Report dated 6-14-15, at | A 096 | | |

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| A 096 | Continued From page 4<br><br>5:05 p.m., Tenant #1's family called to have staff check on Tenant #1 as no one had spoken to Tenant #1 in the last couple days. There was no answer at the door. Staff unlocked the door, walked in and found Tenant #1 in the bed. There was vomit and bowel movement on the sheets near Tenant #1 and no pulse was found. Paramedics and an on-call staff was called. The Incident Report indicated Tenant #1 had expired.<br><br>A nurse review was not completed as needed when Tenant #1, who previously had not requested services, needed assistance to go to the bathroom, back to bed and had chills. Tenant #1 was found expired by staff 12 hours from the time of the Care Call Note. A nurse review was not completed as needed.<br><br>2. Tenant #2, an 88 year old, was admitted on 8-29-13 and diagnoses included: congestive heart failure (CHF) with chronic atrial fibrillation, diabetes, sleep apnea, chronic renal disease/insufficiency and history of alcohol abuse. The service plan reflected Tenant #2 did not receive staff assistance with medications.<br><br>According to a physician order dated 12-18-14, Tenant #2 had an order for a low sodium diet. According to a physician order, Torsemide was increased to 20 milligram (mg) by mouth daily and compression stockings to be applied in the a.m. and removed in the p.m. was ordered. The order was noted on 6-2-15.<br><br>Review of Tenant #2's file indicated the last entry in Clinical Nurses Notes was dated 10-30-14. A nurse review was not completed regarding Tenant #2's diet order, increased diuretic and compression hose. A nurse review was not completed as needed. | A 096 | | |

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| A 096 | Continued From page 5<br><br>3. Tenant #3, a 75 year old, was admitted on 2-17-15 and diagnoses included: CHF, chronic obstructive pulmonary disease, osteoarthritis and spinal stenosis. Tenant #3 was discharged on 6-17-15.<br><br>A physician order dated 5-14-15 indicated due to Tenant #3's anxiety a social worker could evaluate Tenant #3 within 10 days and recommend treatment. According to a physician order dated 5-19-15, social work visits one time per week for 60 days were ordered to address psychosocial issues and needs in relation to high anxiety, grief and socialization issues. According to a physician order dated 5-27-15, Lorazepam 0.5 mg twice daily was ordered. According to Program documents dated 5-14-15 to 6-17-15, Tenant #3 had grief and panic attacks, was overly physically friendly with staff, was highly anxious, an allegation was made regarding Tenant #3 inappropriately touching staff and Tenant #3 had trouble with appropriate boundaries with staff.<br><br>Review of Tenant #3's file indicated there were no entries in Clinical Progress Notes regarding the physician orders for medications, social work visits and the behaviors with Tenant #3. A nurse review was not completed regarding Tenant #3's physician orders and behaviors. A nurse review was not completed as needed.<br><br>4. Tenant #4, an 82 year old, was admitted on 9-15-10 and diagnoses included: diabetes, HTN and high cholesterol. Review of Tenant #4's service plan revealed Tenant #4 did not receive staff assistance with any personal or health related cares. Tenant #4 received assistance with homemaking services. Staff did not assist Tenant #4 with medications. | A 096 | | |

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| A 096 | Continued From page 6<br><br>According to an Incident Report dated 6-24-15, at 11:05 p.m. Tenant #4 was found standing at the entryway between the two doors of the building and did not have keys to get back into the building. Tenant #4 was very confused and off balance. Staff helped Tenant #4 into a wheelchair and staff gave Tenant #4 a cupcake and some orange juice.<br><br>According to Client Care Communication Notes dated 6-24-15, Tenant #4 was found at the front door wearing just a housecoat and no pants or undergarment. Tenant #4 was very confused and did not have Tenant #4's keys. Staff provided food and a beverage to Tenant #4 and notified the on-call nurse. Tenant #4's first blood glucose reading was 34. It was checked again while the on-call nurse was on the phone and Tenant #4's blood glucose reading was 64.<br><br>Review of Tenant #4's file indicated the last entry in Clinical Nurses Notes was 4-6-15. A nurse review was not completed after the incident where Tenant #4 found in the entryway of the building, without pants, without keys and with an initial blood glucose reading of 34. A nurse review was not completed as needed.<br><br>5. According to the Program's policy regarding nurse review, if a tenant did not receive personal or health-related care, but an observed significant change in the tenant's condition occurred, a nurse review would be conducted. If a tenant received personal or health-related care, the Program would provide for a registered nurse or a licensed practical nurse via nurse delegation: to assess and document the health status of each tenant, make recommendations and referrals as appropriate and monitor progress on previous | A 096 | | |

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| A 096 | Continued From page 7<br>recommendations at least every 90 days and if there were significant changes in health status. | A 096 | | |

# The Rose of Waterloo

## *Plan of Correction*

*For Complaint/Incident Investigation Report from investigation by DIA July 1, 7 & 8, 2015*

**Regulatory Insufficiency:** 481-69.26(1)
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.

***Elements detailing how the Program will correct the insufficiency:***

Update service plans as changes in care occur. Notify staff of changes. Aide care plans when new cares are added or cares are discontinued. Make sure aides receive new care plans. Plan of Care's will be updated when changes are made and notify staff of changes. Copies will be distributed for staff. The Nursing supervisor is responsible for completing. The RN Case Manager will assist as needed. The interim RN supervisor updated the service plans.

Tenant #1 to correct regulatory insufficiency the tenant expired 6/14/15.

Tenant #2 to correct insufficiency the service plan was updated, aide care plan was updated and home care aides notified, the POC-485 was also updated. All staff was reminded to chart clinical progress notes, when a change in condition happens.

Tenant #3 to correct insufficiency client has moved to a higher level of care. Staff were educated to chart in clinical progress notes on any changes with clients, in the future.

Tenant #4 To correct insufficiency a nurse will evaluate client and then do a nurse review in 4-6 hours. Nurse will also note in clinical progress notes every time condition changes.

***What measures will be taken to ensure the problem does not recur:***

Education to staff on paperwork that needs updating when changes occur with clients. Provide examples for staff who are on-call that may provide care to clients when regular staff is not available. On weekly clinical staff meeting provide updates as needed and answer questions.

The Clinical Supervisor educated the staff on the new procedures.

***How the Program plans to monitor performance to ensure compliance:***

Clinical Supervisor will monitor monthly for completion of changes in physician orders. The supervisor will also randomly check charts according to orders, as noted, to make sure changes were made.

The number or charts that will be checked per month will vary depending on how many orders we receive and how many clients have a change in condition. We plan on 50% of them. Each week at nurses meeting clients will be discussed and a RN will not all orders.

***The date by which the regulatory insufficiency will be corrected:***

Service plans and care plans were updated as of August 1st. Education of staff has begun and will be completed by August 31, 2015.

**Regulatory Insufficiency:** 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

***Elements detailing how the Program will correct the insufficiency:***

When Client is not feeling well and care call is done, the nurse will be notified and an assessment will be done. Another follow up review/assessment will be done 4-6 hours later. If a client has any changes in physician orders, a nurse will review and update the service plan and care plan as needed. Clinical notes will have entries made when a client's condition changes or is abnormal. For residents that do not receive regular nursing/home care, but end up receiving care, will have a follow up nursing assessment done within 90 days.

Tenant #1 to correct regulatory insufficiency the tenant expired 6/14/15.

Tenant #2 to correct insufficiency the service plan was updated, aide care plan was updated and home care aides notified, the POC-485 was also updated. All staff was reminded to chart clinical progress notes, when a change in condition happens.

Tenant #3 to correct insufficiency client has moved to a higher level of care. Staff were educated to chart in clinical progress notes on any changes with clients, in the future.

Tenant #4 To correct insufficiency a nurse will evaluate client and then do a nurse review in 4-6 hours. Nurse will also note in clinical progress notes every time condition changes

***What measures will be taken to ensure the problem does not recur:***

A follow up/review will be done following the initial incident. A checklist will be developed to help staff understand the steps that need to be completed when a client has problem, change in condition, or change in orders. Reeducation will be done regarding documentation. A manual with examples will be made available for all clinical staff.

The Clinical Supervisor and Interim RN Supervisor will be developing the checklists and manual.

***How the Program plans to monitor performance to ensure compliance:***

At weekly nurses meeting any concerns, problems, and nurses reviews that have been done within that week will be discussed. Clinical supervisor will keep notes from meetings and will spot check client charts 60 days after an incident has occurred. Communication with clients will also be monitored on a weekly basis.

***The date by which the regulatory insufficiency will be corrected:***

Nurse review procedure was implemented on August 1, 2015. Reeducation, checklists, and manuals will be completed by August 31, 2015.