IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #:
54284-I

October 12, 2015

Ms. Ayla Repp, Administrator
Rose of Ames
1315 Coconino Drive
Ames, IA 50014

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

Dear Ms. Repp:

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 **September 21 and 29, 2015.** 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.

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
	S0209	A. BUILDING: _____ B. WING _____	C 09/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF AMES	1315 COCONINO DRIVE AMES, IA 50014

(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: 58 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 58 TOTAL census of Assisted Living Program: 58 The following regulatory insufficiencies were cited during the investigation of Incident # 54284-I:	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		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: The Program reported to the Department Tenant #1 attempted suicide. Based on interview and record review Tenant #1 was not evaluated upon return to the Program to determine continued eligibility for the Program and to determine any changes to services. 1. Tenant #1, a 73 year-old, was admitted on 12-4-13 and had diagnoses of: hypertension, heart disease, and anxiety. According to clinical notes dated 7-18-15 Tenant #1 had been hospitalized for acute mental status changes and low sodium levels. Tenant #1 returned to the Program on 7-17-15. Shortly after return from the hospital and while eating supper, Tenant #1 went into the kitchen, grabbed a knife and attempted to stab self. In an interview with the Cook on 9-21-15 she stated Tenant #1 grabbed a butcher knife. The monitor measured the total length of the knife at 15 inches with a blade length of 10 inches. The blade was 2.25 inches at the widest, next to the handle. Tenant #1 was taken by family to the local hospital. In an interview with Staff A, home health aide, on 9-21-15 she stated Tenant #1 returned to the Program later in the day, 7-17-15 at approximately 10:45 p.m. Staff A reported Tenant #1 returned with discharge instructions related to a urinary infection, but no instruction related to mental health. Staff A reported she notified RN A of Tenant #1's return to the Program.	A 037		

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A 037	Continued From page 2 Tenant #1 was not evaluated by the Program upon return on 7-17-15 following an attempt to stab self with a butcher knife to determine continued eligibility for the Program and to determine any changes to services needed.	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 record review and interview, the service plan for Tenant #1 was not updated with a change of condition to meet the specific service needs of Tenant #1 following a suicide attempt. 1. Tenant #1, a 73 year-old, was admitted on 12-4-13 and had diagnoses of: hypertension, heart disease, and anxiety. According to clinical notes dated 7-18-15 Tenant #1 had been hospitalized for acute mental status changes and low sodium levels. Tenant #1 returned to the Program on 7-17-15. Shortly after return from the hospital and while eating supper, Tenant #1 went into the kitchen, grabbed a knife and attempted to stab self.	A 083		

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A 083	Continued From page 3 In an interview with the Cook on 9-21-15 she stated Tenant #1 grabbed a butcher knife. The monitor measured the total length of the knife at 15 inches with a blade length of 10 inches. The blade was 2.25 inches at the widest, next to the handle. Tenant #1 was taken by family to the local hospital. In an interview with Staff A, home health aide, on 9-21-15 she stated Tenant #1 returned to the Program later in the day, 7-17-15 at approximately 10:45 p.m. Staff A reported Tenant #1 returned with discharge instructions related to a urinary infection, but no instruction related to mental health. Staff A reported she notified RN A of Tenant #1's return to the Program. In an interview with RN A on 9-21-15, she stated Staff A phoned to report Tenant #1 was returning to the Program late on 7-17-15. RN A stated she instructed Staff A to check on Tenant #1 and to make sure there was nothing unsafe in the apartment. RN A stated she told Staff A to tell the night shift to make sure Tenant #1 was safe. The Program provided documentation which indicated Staff B, home health aide, was working the night shift on 7-17-15. Staff B was interviewed on 9-21-15 and stated she did not receive instructions to check on Tenant #1. Tenant #1's service plan was not updated to meet tenant needs on 7-17-15 with a change of condition following a suicide attempt.	A 083		

The Rose of Ames
Plan of Correction Survey Conducted September 21 and 29, 2015

Regulatory Insufficiency: *Evaluation of Tenant 481-69.22(2)*
Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30days 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 continue 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.

Elements detailing how the Program will correct the insufficiency:
Tenant #1 has been discharged from the facility since the date in which the facility received the written statement of deficiencies.

What measures will be taken to ensure the problem does not recur:
Nursing In-Service scheduled for Friday October 16th to review Tenant Evaluation, Nurse Review, and the Table A Algorithm published in Chapter 69 p. 18 of the Inspections and Appeals Administrative Code.

Nursing In-Service will review definition of Significant Change in relation to timely nurse review to ensure initiation of additional services or monitoring.

How the Program plans to monitor performance to ensure compliance:
Tenant's Program Medical files are reviewed through the Quarterly Clinical Chart Review. The Clinical Chart Review is a peer review which consist of an audit of clinical note content, appropriate assessments, and review of the Service Plan.

Monitoring indicator will be added to the Chart Review tool to track and evaluate timely Nurse Evaluation post hospitalization for two quarters to ensure that Nurse Education was effective. Should Chart Review show 100% compliance the indicator will removed, if the records show evidence of continued non-compliance the quality assurance team will develop a revised plan of correction.

The date by which the regulatory insufficiency will be corrected:
October 13, 2015

Regulatory Insufficiency: 481-69.26 Service Plans
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:
Tenant #1 has been discharged from the facility since the date in which the facility received the written statement of deficiencies.

What measures will be taken to ensure the problem does not recur:
Nursing In-Service scheduled for Friday October 16th to review Service Plans and expectations that all services including delegation of duties or well checks (with the exception of a one time check) must be included on the Service Plan. As well as, defining in the Service Plan the action steps staff should take if adverse events occur.

How the Program plans to monitor performance to ensure compliance:
Tenant's Program Medical files are reviewed through the Quarterly Clinical Chart Review. The Clinical Chart Review is a peer review which consist of an audit of clinical note content, appropriate assessments, and review of the Service Plan.

Monitoring indicator will be added to the Chart Review tool to track and evaluate presence of well checks along with direction to staff for adverse events, for two quarters to ensure that Nurse Education was effective. Should Chart Review show 100% compliance the indicator will removed, if the records show evidence of continued non-compliance the quality assurance team will develop a revised plan of correction.

The date by which the regulatory insufficiency will be corrected:
October 13, 2015

Ames Branch Nurse's Meeting

Date: October 15, 2015

Staff Present:

- Review the results of the Complaint Survey dated September 25 and 29th. Cited for Nurse Evaluation and Service Plan.

- If you receive a call from an employee or client, and you are not responsible for call assist if it is an emergent event otherwise re-direct that person on who is on-call and provide them with the correct contact information.

- How do we communicate the On-Call Schedule? Where can after hours staff find out who is On-Call?

- Schedule a HHA Team Meeting for Diana Taylor to discuss On-Call, when to call the nurse.

- The On-Call Nurse should be notified immediately whenever a tenant returns from a hospital or nursing home stay. HHA staff may not accept telephone report from hospital or skilled nursing facility, must direct the caller to call the On-Call Nurse directly. On-Call Nurse will triage to determine if the nurse needs to come in immediately for nurse evaluation.

- Should a client return from the hospital and best practice suggest well checks or frequent monitoring the nurse must perform the Nurse Evaluation and update the Service Plan to delegate the monitoring **along with specific instructions to the staff on what to do if there is an adverse incident during monitoring or well check period.**

- Consider the following scenario's:
    - Client falls and hits his/her head with or without loss of consciousness the Nurse should evaluate the client within two hours. The Service Plan should be updated to instruct the HHA to check in on the client every two hours for 24hrs and should also document on Service Plan what to do if adverse incident happens (ie. Call on-call nurse immediately if client becomes difficult to wake or client starts to vomit) keep in mind these well checks may be considered Care Calls and family needs to be aware that this is a charge, and family may decide to come stay with the client.

- Client states that they have Suicide Ideation, the nurse calls family and the client is taken to the ER for evaluation. Upon return the On-Call Nurse will be notified to complete a Nurse Review within an hour to ensure that the client is safe to remain at home, remove any threats of harm if indicated, and update Service Plan with how staff will monitor the client. Service Plan will define what to do if adverse incident occurs (ie. Call nurse if the client has significant mood change, if client becomes uncontrollable or has a direct threat or attempt call 911)