IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 53410-I
53862-I
53865-I
49726-IR
50215-CR
50041-IR
50920-IR

August 5, 2015

Mr. Nicholas Lensch, Administrator
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Drive SE
Bondurant, IA 50035

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL RECERTIFICATION, INCIDENT INVESTIGATION & COMPLAINT/INCIDENT REVISIT REPORT - COURTYARD ESTATES AT HAWTHORNE CROSSING
II. Reduction of Civil Penalty
III. Informal Conference
IV. Standard Certification
V. Conclusion

Dear Mr. Lensch:

I. Final Recertification, Incident Investigation & Complaint/Incident Revisit Report – Courtyard Estates at Hawthorne Crossing, Bondurant, IA

Enclosed is the **Final Recertification, Incident Investigation & Complaint/Incident Revisit Report ("Report")** issued 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 14, 15, 16, 20 and 22, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Exit Interview, Final Report and Plan of Correction, Evaluation of Tenant, Criteria for Admission and Retention of Tenants, Tenant Documents, Service Plans, Nurse Review, Food Service, and Structural Requirements.

Courtyard Estates at Hawthorne Crossing ("Program") is being assessed a **$3,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received Regulatory Insufficiencies in the areas of Evaluation of Tenant, Service Plans, Nurse Review, Criteria for Admission and Retention, Tenant Documents and Structural Requirements.

The determination of a **$3,000 civil penalty** is based upon repeated regulatory insufficiencies in the area(s) of: Evaluation of Tenant, Service Plans, Nurse Review, Criteria for Admission and Retention, Tenant Documents and Structural Requirements.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **one thousand nine hundred and fifty dollars ($1,950)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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 or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report.

IV. Standard Certification

The review of the recertification documents you submitted has been completed and the documents are accepted. The standard certificate will be renewed once the Plan of Correction has been submitted and approved by the department.

V. Conclusion

The Program is being assessed a **$3,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure
cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0261	A. BUILDING _____ B. WING _____	C 07/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES AT HAWTHORNE CROS	601 HAWTHORNE CROSSING DR. SE BONDURANT, IA 50035

(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: 19 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 23 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 17 Total Population of Program at time of on-site: 23 TOTAL census of Assisted Living Program: 46 During a December 2014 visit, the following regulatory insufficiencies were cited during the investigation of Incident #50041-I and Incident #50920-I: Evaluation, Criteria for Admission and Retention, Tenant Documents, Service Plans, Nurse Review, and Structural Requirements. During the December 2014 visit, the Program was cited under Service Plans for not identifying outside service providers. During the revisit, no regulatory insufficiencies were cited under Service Plans related to outside service providers. The following regulatory insufficiencies were cited during the Revisit (#1) to the December 2014 visit, a recertification conducted to determine compliance with certification for an Assisted Living Program, and investigations of Incidents #53410-I, 53862-I, and 53865-I.	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 003	481-67.2 Program policies and procedures 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. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and policy and procedure review, the Program did not follow it's policies and procedures. (53865-I, 53862-I, and recertification) 1. The Program reported Tenant #5 eloped from the Program on 6-11-15 at approximately 7:20 p.m. (#53865-I) Tenant #5, an 81 year-old, was admitted on 2-17-14 and had diagnoses of: Alzheimer's, hypertension, coronary artery disease, wandering, exit seeking, and weight loss. On 5-11-15 Tenant #5 was staged at five on the global deterioration scale (GDS) which indicated moderately severe cognitive decline. Tenant #5 resided in the dementia unit. An incident report dated 6-11-15 and timed approximately 7:20 p.m. documented by Staff E revealed Staff E went to the front door of the Program to sign for medications being delivered. Staff E found Tenant #5 sitting on the bench between the front doors. The pharmacy delivery	A 003		

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A 003	Continued From page 2 person had reported to Staff E Tenant #5 was outside and the delivery person asked Tenant #5 why he/she was outside in the rain. Tenant #5 then went inside the front doors. Staff A was interviewed on 7-14-15 at 3:45 p.m. and stated she and another staff member, who no longer works at the Program, were passing medications on 6-11-15. Staff A stated the pager went off, but Staff A did not check the pager because she was in the middle of a medication pass. Staff A reported staff was to check the pager then go check the door. 2. The Program reported Tenant #10 eloped from the Program on 6-26-15 at approximately 6:48 a.m. (#53862-I) Tenant #10, an 88 year-old, was admitted on 6-9-13 and had diagnoses of: Alzheimer's disease, hypertension, osteoporosis, and glaucoma. On 5-20-15 Tenant #10 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #10 resided in the dementia unit. An incident report dated 6-26-15 and timed 6:50 a.m. and completed by Staff B documented Tenant #10 was found in the parking lot by another tenant's family member. In an interview with Staff B on 7-14-15 at 1:30 p.m. Staff B reported she was working alone in the dementia unit on the morning of 6-26-15. Staff B reported she was passing medications and observed Tenant #10 in the west hall. Staff B continued to pass medications. Staff B said the pager then said the door from the dementia unit to the general population was open and another tenant's family member was bringing Tenant #10	A 003		

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A 003	Continued From page 3 back to the dementia unit. In an interview with the Manager, he stated on 6-26-15 there was only one staff member in the dementia unit at the time of Tenant #10's elopement. The Manager stated Tenant #10 had exited the building using the service exit by the restrooms, which was near the interior entrance to the dementia unit. According to the information provided to the department by the Program, staff was given immediate education on answering door alarms. On 7-15-15 at 3:10 p.m. a tour of the dementia unit was taken with the Operations Manager. The monitor and the Operations Manager opened the west door which led to a secured patio. The door was fitted with a 15-second delayed egress audible alarm. According to the Operations Manager notification of the opening of the door would also go to pagers carried by staff. On three separate occasions, the monitor and the Operations Manager opened the west door of the dementia unit. The audible alarm was present. None of the staff present responded to any of the three alarms. When asked about the transmittal of the alarm to pagers, none of the three staff on duty had pagers. A review of the elopement policy revealed if any door alarm sounded, alarms were to be checked promptly and areas inside and out were to be checked thoroughly. The door alarm procedure was not followed. 3. A medication pass was observed at part of the recertification process.	A 003		

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A 003	Continued From page 4 On 7-15-15 at 9:35 a.m. Staff B was observed passing medications to Tenant #1. Staff B applied gloves without washing hands first. Staff B gave pills to Tenant #1 and put them in mashed banana to administer. Without changing gloves and without washing hands, Staff B proceeded to administer eye drops. Staff B removed gloves after medications were passed and did not wash hands. Tenant #1 was prescribed two different eye drops. When administering eye drops, Staff B administered one drop after the other, and did not wait between administering the eye drops. When administering the eye drops, the medication bottles were observed to touch Tenant #1's eye lids. A review of the eye drop administration procedure revealed hands were to be washed prior to the application of gloves and after the removal of the gloves. When more than one medication was applied to the eye, staff was to wait three minutes between application. Contact with the eye was to be avoided during administration of eye drops. The Registered Nurse (RN) was interviewed on 7-16-15 at 11:00 a.m. and stated hands should be washed with the use of gloves, eye drop bottles should not touch eyes, and there was to be waiting time between two different eye drop medications.	A 003		
A 094	481-67.13(4) Exit Interview, Final Report and POC 481-67.13(17A,231C,85GA,SF394) Exit	A 094		

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A 094	Continued From page 5 interview, final report, plan of correction. 67.13(4) Monitoring revisit. The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. The department may issue a regulatory insufficiency for failure to implement the plan of correction. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance. This REQUIREMENT is not met as evidenced by: Based on a review of the Program's Plan of Correction, the Program did not implement all items indicated in the Plan of Correction. (Revisit #1) A review of the Plan of Correction indicated all aspects of the plan were not implemented for the regulatory insufficiencies in the following categories:Evaluation, Criteria for Admission and Retention, Tenant Documents, Service Plans, Nurse Review, and Structural Requirements.	A 094		
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	A 037		

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A 037	Continued From page 6 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, evaluations were not completed with changes of condition to determine continued eligibility for the program and to determine any changes to services needed. Evaluations of cognition were not completed annually. (Revisit #1, Recertification) 1. Tenant #1, an 87 year-old, was admitted on 10-25-14 and had diagnoses of: renal failure, high blood pressure, Alzheimer's, and history of cancer. On 4-6-15 Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit and shared an apartment with the spouse. According to nurse's notes dated 4-6-15 evaluations were completed by the Program on 4-6-15 as Tenant #1 was admitted into hospice for renal failure and Alzheimer's. According to the notes Tenant #1 transferred with the assist of one with a gait belt. The notes also documented Tenant #1 had a decline in appetite and the majority of meals were eaten in the apartment with assistance from the spouse. Tenant #1 typically did not attend activities due to the increased stimulation causing behaviors.	A 037		

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A 037	Continued From page 7 On 7-15-15 at 9:25 a.m., the monitor entered the apartment with permission with Staff B to observe a medication pass. Tenant #1 was observed in a hospital bed with siderails and appeared to be sleeping. A urine drainage bag was hanging on the side of the bed. Staff B reported Tenant #1 had not been out of bed for the last few days. Tenant #1 was reported to get up to the chair with the assist of the spouse and one other person. Staff B reported Tenant #1 was not eating much and was eating gelatin and a supplement that was ice cream-like. Tenant #1 opened eyes to take medications that had been put in mashed banana. Tenant #1 swallowed the banana/pill mixture without difficulty. Tenant #1 did not utter any noise. A review of the service plan current on 7-15-15 at 9:25 a.m., dated 4-6-15, was reviewed and revealed hospice provided total assist with bathing showers or sponge baths, Program staff assisted with grooming, dressing, required assist of one for transfers, required assistance to toilet and reminders to use the bathroom,and required assistance to cut food. The service plan did not match the observation made moments before. On 7-15-15 at 9:50 a.m. the Registered Nurse (RN) was interviewed and stated she didn't know Tenant #1 had a hospital bed. The RN stated she did not see Tenant #1 often as the spouse was with Tenant #1 all the time. The hospice nurse was interviewed on 7-15-15 at 11:25 a.m. and stated Tenant #1 was admitted into hospice on 3-28-15. When Tenant #1 was admitted into hospice, Tenant #1 was able to ambulate with the assist of one and was able to feed self in the dining room. The hospice nurse	A 037		

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A 037	Continued From page 8 reported Tenant #1 had been "bedbound" for the last one and a half months. Hospice provided a health aide seven days a week to provide a bed bath. It was reported the family had hired private duty services for evening and bedtime cares. The hospice nurse reported at this time Tenant #1 did not feed self and did not assist with grooming, toileting, or dressing. The spouse assisted with every two hour turning. Tenant #1 was reported to be sleeping more and had weight loss as evidenced by a decrease in arm circumference. Tenant #1 was sleeping more and was not tensing up as much with cares. Tenant #1 was reported to mostly moan and groan and not use words to communicate. Evaluations were not completed after 4-6-15 with a change of condition until requested by the monitor. 2. Tenant #5, an 81 year-old, was admitted on 2-17-14 and had diagnoses of: Alzheimer's, hypertension, coronary artery disease, wandering, exit seeking, and weight loss. On 5-11-15, Tenant #5 was staged at five on the GDS which indicated moderately severe cognitive decline. On 2-9-15, Tenant #5 eloped from the Program through an unlocked courtyard gate. Evaluations were completed on 2-10-15 for a change of condition, the elopement, and an annual evaluation. The evaluations did not include a cognitive evaluation. 3. Tenant #7, a 94 year-old, was admitted on 12-27-12 and had diagnoses of: history of falls, gastroesophageal reflux disease, dizziness, weakness, and had an indwelling urinary catheter.	A 037		

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A 037	Continued From page 9 The service plan dated 2-9-15 revealed Tenant #7 required the assist of one for transfers. Nurse's notes dated 2-24-15 documented on 2-19-15 the physician was notified of Tenant #7's decline. Tenant #7 was noted to require assist of two for transfers most of the time. Tenant #7 was sent to the emergency room for increased weakness and lethargy. Tenant #7 returned to the program the same day. On 2-20-15 Tenant #7 was transferred from the general population to the dementia unit as physical therapy reported Tenant #7 required the assist of two persons at all time for transfer. In an interview with the Manager on 7-20-15, he stated Tenant #7 was transferred to the dementia unit because there were more staff in the dementia unit and the Program could provide for the assist of two for transfers. Tenant # 7 was discharged from the Program. Evaluations were not completed with a change of condition.	A 037		
A 039	481-69.23(1)b Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	A 039		

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A 039	Continued From page 10 review Tenant #1 exceeded criteria for retention in an assisted living program. (Revisit) 1. Tenant #1, an 87 year-old, was admitted on 10-25-14 and had diagnoses of: renal failure, high blood pressure, Alzheimer's, and history of cancer. On 4-6-15 Tenant #1 was staged at six on the global deterioration scale which indicated severe cognitive decline. Tenant #1 resided in the dementia unit and shared an apartment with the spouse. Tenant #1 was cited during the December 2014 visit for exceeding criteria as routinely requiring two persons for transfer. The Program submitted a plan of correction which identified Tenant #1 would be receiving physical and occupational therapy. The plan of correction was accepted by the department. On 3-6-15 the Program faxed the physician with a request to crush pills at Tenant #1 had difficulty swallowing whole pills. According to nurse's notes dated 4-6-15 evaluations were completed by the Program on 4-6-15 as Tenant #1 was admitted into hospice for renal failure and Alzheimer's. According to the notes Tenant #1 transferred with the assist of one with a gait belt. The notes also documented Tenant #1 had a decline in appetite and the majority of meals were eaten in the apartment with assistance from the spouse. Tenant #1 typically did not attend activities due to the increased stimulation causing behaviors. A fax to the physician dated 5-20-15 documented Tenant #1 required an indwelling urinary catheter for urinary retention and end of life care.	A 039		

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	S0261	A BUILDING. _____ B WING _____	C 07/22/2015

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COURTYARD ESTATES AT HAWTHORNE CRO:	601 HAWTHORNE CROSSING DR. SE BONDURANT, IA 50035

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A 039	Continued From page 11 Notes dated 5-28-15 documented staff reported Tenant #1 had seizure-like activity. On 7-15-15 at 9:25 a.m., the monitor entered the apartment with permission with Staff B to observe a medication pass. Tenant #1 was observed in a hospital bed with siderails and appeared to be sleeping. A urine drainage bag was hanging on the side of the bed. Staff B reported Tenant #1 had not been out of bed for the last few days. Tenant #1 was reported to get up to the chair with the assist of the spouse and one other person. Staff B reported Tenant #1 was not eating much and was eating gelatin and a supplement that was ice cream-like. Tenant #1 opened eyes to take medications that had been put in mashed banana. Tenant #1 swallowed the banana/pill mixture without difficulty. Tenant #1 did not utter any noise. A review of the service plan current on 7-15-15 at 9:25 a.m., dated 4-6-15, was reviewed and revealed hospice provided total assist with bathing showers or sponge baths, Program staff assisted with grooming, dressing, required assist of one for transfers, required assistance to toilet and reminders to use the bathroom,and required assistance to cut food. The service plan did not match the observation made moments before. On 7-15-15 at 9:50 a.m. the Registered Nurse (RN) was interviewed and stated she didn't know Tenant #1 had a hospital bed. The RN stated she did not see Tenant #1 often as the spouse was with Tenant #1 all the time. At that time, the RN was asked by the monitor to evaluate Tenant #1 for a change of condition. On 7-15-15 at 1:10 p.m. the RN was interviewed	A 039		

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A 039	Continued From page 12 after the evaluations. The RN reported Tenant #1 usually took two persons for transfer because Tenant #1 could not cooperate with transfer. Tenant #1 was mostly fed by the spouse, and it had been a few weeks since Tenant #1 had been out to the dining room to eat. Tenant #1 did not dress or groom self. Tenant #1 did not participate in toileting and was incontinent of stool. The RN reported Tenant #1 required turning every two hours. The hospice nurse was interviewed on 7-15-15 at 11:25 a.m. and stated Tenant #1 was admitted into hospice on 3-28-15. When Tenant #1 was admitted into hospice, Tenant #1 was able to ambulate with the assist of one and was able to feed self in the dining room. The hospice nurse reported Tenant #1 had been "bedbound" for the last one and a half months. Hospice provided a health aide seven days a week to provide a bed bath. It was reported the family had hired private duty services for evening and bedtime cares. The hospice nurse reported at this time Tenant #1 did not feed self and did not assist with grooming, toileting, or dressing. The spouse assisted with every two hour turning. Tenant #1 was reported to be sleeping more and had weight loss as evidenced by a decrease in arm circumference. Tenant #1 was sleeping more and was not tensing up as much with cares. Tenant #1 was reported to mostly moan and groan and not use words to communicate. Staff F, Universal Worker (UW), was interviewed on 7-14-15 at 3:45 p.m. and stated she thought it took two persons to transfer Tenant #1 because Tenant #1 could not walk and was in a wheelchair.	A 039		

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A 039	Continued From page 13 Staff G UW was interviewed on 7-16-15 at 1:10 p.m. and stated Tenant #1 had taken two persons to get Tenant #1 up for a couple months. Staff G reported it took two persons to turn Tenant #1 every two hours or so, and the catheter bag was emptied one to two times a night. Staff H UW was interviewed on 7-16-15 at 1:40 p.m. and stated it took two to four persons to transfer Tenant #1. The spouse assisted if only one staff member was available. Staff H reported Tenant #1 required multiple persons for transfer since April 2015. Staff H reported Tenant #1 was repositioned every two hours, and the catheter bag was emptied twice a night. Staff H UW went on to report Tenant #1 had a high fever one to two weeks ago. Tenant #1 did not speak but moaned. Tenant #1 was incontinent of stool and did not know when defecation occurred. Tenant #1 was fed by the spouse and did not assist with bathing dressing or grooming. Staff I UW was interviewed on 7-15-15 at 5:20 p.m. and stated Tenant #1 required two persons for transfer since May 2015. On 7-16-15 at 3:20 p.m. Tenant #1 was observed in the apartment sitting in a recliner. Tenant #1 was alert but did not respond to words or touch. The spouse stated he/she assisted hospice staff to get Tenant #1 from the bed to the chair.	A 039		
A 079	481-69.25(1)q Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include:	A 079		

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A 079	Continued From page 14 q. When the tenant is unable to advocate on the tenant ' s own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, accurate documentation of the completion of routine personal or health-related cares was not completed on task sheets. (Revisit #1, Recertification, #53410-I) 1. Tenant #1, an 87 year-old, was admitted on 10-25-14 and had diagnoses of: renal failure, high blood pressure, Alzheimer's, and history of cancer. On 4-6-15 Tenant #1 was staged at six on the global deterioration scale which indicated severe cognitive decline. Tenant #1 resided in the dementia unit and shared an apartment with the spouse. According to nurse's notes dated 4-6-15 evaluations were completed by the Program on 4-6-15 as Tenant #1 was admitted into hospice for renal failure and Alzheimer's. According to the notes Tenant #1 transferred with the assist of one with a gait belt. The notes also documented Tenant #1 had a decline in appetite and the majority of meals were eaten in the apartment with assistance from the spouse. Tenant #1 typically did not attend activities due to the increased stimulation causing behaviors.	A 079		

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A 079	Continued From page 15 A fax to the physician dated 5-20-15 documented Tenant #1 required an indwelling urinary catheter for urinary retention and end of life care. On 7-15-15 at 9:25 a.m., the monitor entered the apartment with permission with Staff B to observe a medication pass. Tenant #1 was observed in a hospital bed with siderails and appeared to be sleeping. A urine drainage bag was hanging on the side of the bed. Staff B reported Tenant #1 had not been out of bed for the last few days. Tenant #1 was reported to get up to the chair with the assist of the spouse and one other person. Staff B reported Tenant #1 was not eating much and was eating gelatin and a supplement that was ice cream-like. Tenant #1 opened eyes to take medications that had been put in mashed banana. Tenant #1 swallowed the banana/pill mixture without difficulty. Tenant #1 did not utter any noise. A review of the service plan current on 7-15-15 at 9:25 a.m., dated 4-6-15, was reviewed and revealed hospice provided total assist with bathing showers or sponge baths, Program staff assisted with grooming, dressing, required assist of one for transfers, required assistance to toilet and reminders to use the bathroom,and required assistance to cut food. The service plan did not match the observation made moments before. On 7-15-15 at 9:50 a.m. the Registered Nurse (RN) was interviewed and stated she didn't know Tenant #1 had a hospital bed. The RN stated she did not see Tenant #1 often as the spouse was with Tenant #1 all the time At that time, the RN was asked by the monitor to evaluate Tenant #1 for a change of condition.	A 079		

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A 079	Continued From page 16 On 7-15-15 at 1:10 p.m. the RN was interviewed after the evaluations. The RN reported Tenant #1 usually took two persons for transfer because Tenant #1 could not cooperate with transfer. Tenant #1 was mostly fed by the spouse, and it had been a few weeks since Tenant #1 had been out to the dining room to eat. Tenant #1 did not dress or groom self. Tenant #1 did not participate in toileting and was incontinent of stool. The RN reported Tenant #1 required turning every two hours. The hospice nurse was interviewed on 7-15-15 at 11:25 a.m. and stated Tenant #1 was admitted into hospice on 3-28-15. When Tenant #1 was admitted into hospice, Tenant #1 was able to ambulate with the assist of one and was able to feed self in the dining room. The hospice nurse reported Tenant #1 had been "bedbound" for the last one and a half months. Hospice provided a health aide seven days a week to provide a bed bath. It was reported the family had hired private duty services for evening and bedtime cares. The hospice nurse reported at this time Tenant #1 did not feed self and did not assist with grooming, toileting, or dressing. The spouse assisted with every two hour turning. Tenant #1 was reported to be sleeping more and had weight loss as evidenced by a decrease in arm circumference. Tenant #1 was sleeping more and was not tensing up as much with cares. Tenant #1 was reported to mostly moan and groan and not use words to communicate. Staff G UW was interviewed on 7-16-15 at 1:10 p.m. and stated Tenant #1 had taken two persons to get Tenant #1 up for a couple months. Staff G reported it took two persons to turn Tenant #1 every two hours or so, and the catheter bag was	A 079		

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A 079	Continued From page 17 emptied one to two times a night. Staff H UW was interviewed on 7-16-15 at 1:40 p.m. and stated it took two to four persons to transfer Tenant #1. The spouse assisted if only one staff member was available. Staff H reported Tenant #1 required multiple persons for transfer since April 2015. Staff H reported Tenant #1 was repositioned every two hours, and the catheter bag was emptied twice a night. A review of task sheets for Tenant #1 for June and July 2015 did not contain documentation of personal or health-related cares and did not include repositioning and the emptying of the catheter bag 2. Tenant #5, an 81 year-old, was admitted on 2-17-14 and had diagnoses of: Alzheimer's, hypertension, coronary artery disease, wandering, exit seeking, and weight loss. On 5-11-15, Tenant #5 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #5 resided in the dementia unit. On 2-9-15, Tenant #5 eloped from the Program through an unlocked courtyard gate. Evaluations were completed on 2-10-15 for a change of condition, the elopement, and an annual evaluation. The service plan revealed Tenant #5 was to be checked 16 times a shift. The task sheets for March and April 2015 documented visual checks eight times per shift. 3. Tenant #8, an 83 year-old, was admitted on 4-10-15 and had diagnoses of: dementia, hypertension, anxiety, depression aggression, wandering, and sexual behaviors. On 5-8-15 Tenant #8 was staged at five on the GDS which	A 079		

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A 079	Continued From page 18 indicated moderately severe cognitive decline. Tenant #8 resided in the dementia unit. Nurse's notes dated 4-13-15 document Tenant #8 barricaded self and another tenant in an apartment, and Tenant #8 hit a staff member. Nurse's notes dated 4-16-15 documented Tenant #8 set off the door alarm and exited the building. On 5-18-15 Tenant #8 was barricaded in another tenant's apartment and the other tenant was found partially unclothed. Nurse's notes dated 5-19-15 documented Tenant #8 was to be placed on 32 times a shift checks. The service plan of 5-19-15 documented the same. A review of the task sheets for May 2015 documented visual checks eight times per shift checks. 4. Tenant #12, a 75 year-old, was admitted on 6-26-15 and had diagnoses of: dementia with behavioral disturbances, aggression, depression, and organic brain syndrome. On 6-23-15 Tenant #12 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #12 resided in the dementia unit. Incident reports documented the following: 7-4-15 at midnight Staff H documented Tenant #12 rubbed her arm and asked her to" make love." 7-6-15 at 9:00 a.m. Tenant #12 had another tenant by the hand trying to take the other tenant into Tenant #12's apartment to lay down. 7-7-15 at 10:00 p.m. during medication count at change of shift Tenant #12 was found in the apartment's bedroom with another tenant. Both	A 079		

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A 079	Continued From page 19 Tenant #12 and the other tenant were in bed and both were unclothed from the waist down. On 7-14-15 at 2:50 p.m. the monitor entered the dementia unit. The monitor was approached by a tenant who identified self as Tenant #13. Tenant #13 stated there was another tenant who invited Tenant #13 to the apartment and indicated Tenant #13 would be more comfortable without clothes on. The other tenant wanted to "make love" to Tenant #13. Staff J was interviewed on 7-15-15 at 3:46 p.m. and stated Tenant #10 and #12 kept trying to go to bed together. Both held hands in the hallway. Staff J reported Tenant #12 had been approaching other tenants in the dementia unit and stating a desire to have sex with them. A review of the service plan dated 7-8-15 identified Tenant #12 had a history of making sexual advances and identified Tenant #12 was to be checked 32 times a shift for safety. There was no documentation of safety checks for the evening shift on 7-10-15, between midnight and 6:00 a.m. on 7-12-15, and the day shift on 7-13-15.	A 079		
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	A 083		

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A 083	Continued From page 20 needed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, incident reports, and record review service plans did not meet the specific service needs of tenants and were not updated when changes were needed. (Revisit #1, Recertification, 53865-I, 53410-I) 1. Tenant #1, an 87 year-old, was admitted on 10-25-14 and had diagnoses of: renal failure, high blood pressure, Alzheimer's, and history of cancer. On 4-6-15 Tenant #1 was staged at six on the global deterioration scale which indicated severe cognitive decline. Tenant #1 resided in the dementia unit and shared an apartment with the spouse. According to nurse's notes dated 4-6-15 evaluations were completed by the Program on 4-6-15 as Tenant #1 was admitted into hospice for renal failure and Alzheimer's. According to the notes Tenant #1 transferred with the assist of one with a gait belt. The notes also documented Tenant #1 had a decline in appetite and the majority of meals were eaten in the apartment with assistance from the spouse. Tenant #1 typically did not attend activities due to the increased stimulation causing behaviors. On 7-15-15 at 9:25 a.m., the monitor entered the apartment with permission with Staff B to observe a medication pass. Tenant #1 was observed in a hospital bed with siderails and appeared to be sleeping. A urine drainage bag was hanging on the side of the bed Staff B reported Tenant #1	A 083		

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A 083	Continued From page 21 had not been out of bed for the last few days. Tenant #1 was reported to get up to the chair with the assist of the spouse and one other person. Staff B reported Tenant #1 was not eating much and was eating gelatin and a supplement that was ice cream-like Tenant #1 opened eyes to take medications that had been put in mashed banana. Tenant #1 swallowed the banana/pill mixture without difficulty. Tenant #1 did not utter any noise. A review of the current service plan dated 4-6-15, was reviewed and revealed hospice provided total assist with bathing showers or sponge baths, Program staff assisted with grooming, dressing, required assist of one for transfers, required assistance to toilet and reminders to use the bathroom,and required assistance to cut food. The service plan did not identify the use of a hospital bed, or the indwelling urinary catheter and cares needed. The service plan did not match the observation made moments before. On 7-15-15 at 9:50 a.m. the Registered Nurse (RN) was interviewed and stated she didn't know Tenant #1 had a hospital bed. The RN stated she did not see Tenant #1 often as the spouse was with Tenant #1 all the time. At that time, the RN was asked by the monitor to evaluate Tenant #1 for a change of condition. On 7-15-15 at 1:10 p.m. the RN was interviewed after the evaluations. The RN reported Tenant #1 usually took two persons for transfer because Tenant #1 could not cooperate with transfer. Tenant #1 was mostly fed by the spouse, and it had been a few weeks since Tenant #1 had been out to the dining room to eat Tenant #1 did not dress or groom self Tenant #1 did not participate	A 083		

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A 083	Continued From page 22 in toileting and was incontinent of stool. The RN reported Tenant #1 required turning every two hours. The hospice nurse was interviewed on 7-15-15 at 11:25 a.m. and stated Tenant #1 was admitted into hospice on 3-28-15. When Tenant #1 was admitted into hospice, Tenant #1 was able to ambulate with the assist of one and was able to feed self in the dining room. The hospice nurse reported Tenant #1 had been "bedbound" for the last one and a half months. Hospice provided a health aide seven days a week to provide a bed bath. It was reported the family had hired private duty services for evening and bedtime cares. The hospice nurse reported at this time Tenant #1 did not feed self and did not assist with grooming, toileting, or dressing. The spouse assisted with every two hour turning Tenant #1 was reported to be sleeping more and had weight loss as evidenced by a decrease in arm circumference. Tenant #1 was sleeping more and was not tensing up as much with cares. Tenant #1 was reported to mostly moan and groan and not use words to communicate. The service plan did not meet the needs of Tenant #1 and was not updated with a change of condition. 2. Tenant #5, an 81 year-old, was admitted on 2-17-14 and had diagnoses of Alzheimer's, hypertension, coronary artery disease, wandering, exit seeking, and weight loss. On 5-11-15, Tenant #5 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #5 resided in the dementia unit. On 2-9-15, Tenant #5 eloped from the Program	A 083		

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	S0261	A. BUILDING: _____ B. WING _____	C 07/22/2015

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A 083	Continued From page 23	A 083		

through an unlocked courtyard gate. Evaluations were completed on 2-10-15 for a change of condition, the elopement, and an annual evaluation. The service plan was updated on 2-10-15 but did not identify a history of elopement or interventions for exit seeking. The service plan did reveal Tenant #5 was to be checked 16 times a shift.

An incident report dated 4-15-15 and timed 7:50 p.m. and nurse's notes dated 4-16-15 documented Tenant #5 set off the exit door alarm in an attempt to follow the pharmacy delivery person. According to the incident report Tenant #5 wanted to go on a drive.

On 5-11-15 evaluations were completed and the service plan was updated to include a decrease to eight times per shift visual checks and identified a history of exit seeking and interventions for redirection.

An incident report dated 6-11-15 and timed 7:20 p.m. and nurse's notes dated 6-12-15 documented Tenant #5 had exited the building at the time the pharmacy delivery person was in the building.

The service plan was not updated with further interventions following the elopement of 6-11-15.

3. Tenant #7, a 94 year-old, was admitted on 12-27-12 and had diagnoses of: history of falls, gastroesophageal reflux disease, dizziness, weakness, and had an indwelling urinary catheter.

On 2-20-15 Tenant #7 was transferred from the general population to the dementia unit as physical therapy reported Tenant #7 required the

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A 083	Continued From page 24 assist of two persons at all time for transfer. The service plan was not updated with a change of condition 4. Tenant #10, an 8 year-old, was admitted on 6-9-13 and had diagnoses of Alzheimer's disease, hypertension, osteoporosis, and glaucoma. On 5-20-15 Tenant #10 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #10 resided in the dementia unit. Incident reports documented the following: 4-12-15 at 8:30 (not identified as a.m. or p.m.) Tenant #8 and #10 locked themselves in Tenant #10's apartment. A chair was put against the door so staff could not open it. Maintenance was called, broke the chair, and forced the door open. 5-15-15 at 8:30 p.m. Staff went to Tenant #10's apartment and found the door was blocked by a kitchen table Tenant #10 was undressed from the waist up and Tenant #8 was in Tenant #10's bed. Tenant #10 was crying and hiding behind staff when Tenant #8 began trying to hit staff 5-19-15 at 12:10 a.m. During hourly rounds, Tenant #10 was found in Tenant #8's bed. Tenant #8 had hands down Tenant #10's pants. Staff asked Tenant #10 if Tenant #10 was ok, and Tenant #10 replied, "no." 7-7-15 at 10:00 p.m during medication count at change of shift Tenant #10 was found in the bedroom of another tenant Both Tenant #10 and the other tenant were in bed and both were unclothed from the waist down. 7-14-15 at 6 30 a.m. Tenant #10 was observed	A 083		

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A 083	Continued From page 25 coming out of Tenant #12's apartment. Upon questioning, when asked if Tenant #10 had sex with Tenant #12, Tenant #10 replied "yes." Staff G was interviewed on 7-16-15 at 1:10 p.m. and stated Tenant #10 was "best friends" with Tenant #5, and Tenants #5 and #10 would walk up and down the halls Staff G reported Tenant #8 and Tenant #10 were observed holding hands. Tenant #8 was possessive of Tenant #10 Staff H was interviewed on 7-16-15 at 1:40 p.m. and stated Tenant #10 was a follower and tended to follow Tenant #5. Tenant #5 thought there was a familial relationship between Tenant #5 and Tenant #10. Tenant #5 tried to help Tenant #10. Staff H reported Tenant #10 sometimes slept in Tenant #5's apartment. Staff J was interviewed on 7-15-15 at 3:46 p.m. and stated Tenant #10 and #12 kept trying to go to bed together. Both held hands in the hallway. On 7-22-15 at 8:30 a m. Tenant #10 was observed dressed in pajamas standing outside Tenant #5's apartment. Tenant #10 was observed going in and out of Tenant #5's apartment. Staff was present and did not intervene. Interview and incident reports documented Tenant #10 had intimate relationships with Tenants #5, #8, and #12. A review of the service plans of 5-20-15 of 7-8-15 did not give staff direction as to which expressions of intimacy and which relationships were safe and appropriate. The service plan did	A 083		

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A 083	Continued From page 26 not identify a perceived familial relationship between Tenants #5 and #10, and the relationships between Tenant #10 and Tenants #8 and #12. The service plan did not meet the needs of Tenant #10. 5. Tenant #12, a 75 year-old, was admitted on 6-26-15 and had diagnoses of: dementia with behavioral disturbances, aggression, depression, and organic brain syndrome. On 6-23-15 Tenant #12 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #12 resided in the dementia unit. Incident reports documented the following: 7-4-15 at midnight Staff H documented Tenant #12 rubbed her arm and asked her to" make love." 7-6-15 at 9:00 a.m. Tenant #12 had another tenant by the hand trying to take the other tenant into Tenant #12's apartment to lay down 7-7-15 at 10:00 p.m. during medication count at change of shift Tenant #12 was found in the apartment's bedroom with another tenant Both Tenant #12 and the other tenant were in bed and both were unclothed from the waist down. On 7-14-15 at 2:50 p.m. the monitor entered the dementia unit. The monitor was approached by a tenant who identified self as Tenant #13. Tenant #13 stated there was another tenant who invited Tenant #13 to the apartment and indicated Tenant #13 would be more comfortable without clothes on. The other tenant wanted to "make love" to Tenant #13. Staff J was interviewed on 7-15-15 at 3:46 p.m.	A 083		

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A 083	Continued From page 27 and stated Tenant #10 and #12 kept trying to go to bed together. Both held hands in the hallway. Staff J reported Tenant #12 had been approaching other tenants in the dementia unit and stating a desire to have sex with them. A review of the service plan dated 7-8-15 identified Tenant #12 had a history of making sexual advances but did not identify specific interventions or staff response for sexual behavior.	A 083		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests This REQUIREMENT is not met as evidenced by: Based on record review, service plans were not individualized to include planned activities based on a tenant's abilities and interests for cognitively impaired persons who resided in the dementia unit. (Revisit #1, Recertification) 1. Tenant #5, an 81 year-old, was admitted on 2-17-14 and had diagnoses of: Alzheimer's, hypertension, coronary artery disease, wandering, exit seeking, and weight loss. On 5-11-15, Tenant #5 was staged at five on the global deterioration scale (GDS) which indicated moderately severe cognitive decline. Tenant #5 resided in the dementia unit.	A 092		

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A 092	Continued From page 28 The service plan did not identify planned activities based on Tenant #5's abilities and interests. 2. Tenant #8, an 83 year-old, was admitted on 4-10-15 and had diagnoses of: dementia, hypertension, anxiety, depression aggression, wandering, and sexual behaviors. On 5-8-15 Tenant #8 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #8 resided in the dementia unit. The service plan was updated on 5-19-15 but did not include planned activities based on Tenant #8's abilities and interests. 3. Tenant #12, a 75 year-old, was admitted on 6-26-15 and had diagnoses of: dementia with behavioral disturbances, aggression, depression, and organic brain syndrome. On 6-23-15 Tenant #12 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #12 resided in the dementia unit. A review of the service plan dated 7-8-15 did not identify planned activities based on Tenant #12's abilities and interests.	A 092		
A 094	481-69.27(1) 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:	A 094		

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A 094	Continued From page 29 69.27(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on record review, a nurse review was not completed with a change of condition to ensure prescription medications were administered consisted with the orders. (Revisit #1, Recertification) Tenant #5, an 81 year-old, was admitted on 2-17-14 and had diagnoses of: Alzheimer's, hypertension, coronary artery disease, wandering, exit seeking, and weight loss. On 5-11-15, Tenant #5 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #5 resided in the dementia unit Nurses notes dated 5-26-15 documented Tenant #5 had a painful lump on the right side of the face. Nurse's notes dated 5-28-15 documented the physician wanted to see Tenant #5 for evaluation of the facial lump. On 6-1-15 Tenant #5 was seen by the physician. 1. On 6-1-15 Tenant #5 was prescribed five tablets of Fluconazole. A review of the medication administration record (MAR) documented four tablets were given. 2. On 6-1-15 Tenant #5 was prescribed Amoxicillin. The physician's order sheet	A 094		

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A 094	Continued From page 30 contained a notation Tenant #5 was allergic to this medication. A review of the MAR documented two doses were given. 3. On 6-3-15 Tenant #5 was prescribed 14 tablets of sulfa/TMP, an antibiotic. A review of the MAR documented 12 doses were given. Tenant #6, an 89 year-old, was admitted on 10-2-14 and had diagnoses of: general weakness, diverticulosis, depression, anxiety, coronary artery disease, peripheral neuropathy, and edema. Nurse's notes dated 2-18-15 documented Tenant #6 complained of being depressed and also noted Tenant #6 had a history of depression. On 2-18-15 Tenant #6 requested the RN contact the physician. The physician was consulting with a mental health professional for an evaluation 4. A fax to the physician dated 6-2-15 documented medication had been received in the mail for Tenant #6 for Escitalopram five milligrams: one tablet daily for 14 days, the two tablets daily. A review of the MAR documented the doses were not begun until 6-8-15. There were two doses documented of the dosage one tablet daily, and five doses of two tablets daily were documented as given for the nine days June 22-30. A nurse review was not completed to ensure prescription medications were administered consistent with the orders.	A 094		
A 096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. If a tenant does	A 096		

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A 096	Continued From page 31 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 record review, a nurse review was not completed to assess and document the health status of tenants and to monitor progress related to previous recommendations. (Revisit #1, Recertification) 1 Tenant #1, an 87 year-old, was admitted on 10-25-14 and had diagnoses of: renal failure, high blood pressure, Alzheimer's, and history of cancer. On 4-6-15 Tenant #1 was staged at six on the global deterioration scale which indicated severe cognitive decline. Tenant #1 resided in the dementia unit and shared an apartment with the spouse. Nurse's notes dated 5-28-15 documented staff reported Tenant #1 had seizure-like activity. A nurse review was not completed to assess and document the health status of Tenant #1 following reported seizure-like activity. 2. Tenant #5, an 81 year-old, was admitted on 2-17-14 and had diagnoses of: Alzheimer's,	A 096		

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A 096	Continued From page 32 hypertension, coronary artery disease, wandering, exit seeking, and weight loss. On 5-11-15, Tenant #5 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #5 resided in the dementia unit. Nurse's notes dated 3-27-15 documented Tenant #5 was prescribed an antibiotic for a urinary tract infection. A nurse review was not completed when the antibiotic was finished to assess and document the health status of Tenant #5 and to monitor progress following the antibiotic. 3. Tenant #6, an 89 year-old, was admitted on 10-2-14 and had diagnoses of: general weakness, diverticulosis, depression, anxiety, coronary artery disease, peripheral neuropathy, and edema. Nurse's notes dated 2-18-15 documented Tenant #6 complained of being depressed and the physician was contacted. The physician was consulting with a mental health professional for an evaluation The nurse's notes lacked documentation of an assessment of Tenant #5's mental health. Nurse's notes dated 3-16-15 documented Tenant #6 reported lower extremity edema and requested the physician be notified. The nurse's notes lacked documentation of an assessment of Tenant #6 related to the edema. Nurse's notes dated 3-23-15 documented Tenant #6 fell and hit the right side and back. Tenant #5 was sent to the emergency room and returned to the Program on the same day. The nurse's notes lacked documentation of an assessment of Tenant #5's health status following the fall.	A 096		

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A 111	Continued From page 33	A 111		
A 111	481-69.28(6)d Food Service 481-69.28(231C) Food service. 69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: d. Appropriately trained staff may prepare in the program ' s kitchen individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items necessary to prepare the menu substitution may be stored in the program ' s kitchen. These food items may not be cooked in the program ' s kitchen but may be reheated in a microwave. A two- or four-slice toaster may be used for tenant-requested menu-substitution items, but no bare-hand contact is permitted. This REQUIREMENT is not met as evidenced by: Based on observation and interview, food standards were not met during the service of food. (Recertification) 1. On 7-14-15 at 4:40 p.m. dinner was served in the dementia unit. Staff A touched the tines of the forks, the blades of the knives, and the bowl of the spoons with bare hands when placing the tableware on the table.	A 111		

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A 111	Continued From page 34 2. On 7-15-15 at 12:10 p.m. lunch was served in the dementia unit. Staff B was observed to apply gloves without first washing hands. Staff B then went to the food table to plate food Gloves were removed and hands were not washed. 3. On 7-15-15 at 4:45 p.m. dinner was served in the dementia unit. Staff C was observed to wash hands and apply gloves. Staff C used a gloved hand to pick up a sandwich from the food table and plate it. After serving the sandwich, Staff C used the gloved hands to move a chair and wiped the gloved hands on the apron Staff C was wearing. Staff C returned to the food service area and picked up a sandwich and served it Staff C did not remove gloves or wash hands prior to serving the second sandwich. 4. A meeting was held with tenants on 7-15-15. It was reported the Program ran out of tableware (forks, knives, spoons) in the dementia unit and staff members washed tableware in the sink and reused it. On 7-16-15 at 9.25 a m. the Dietary Manager was interviewed and stated the service portion of tableware should not have been touched with bare hands, gloves should have been changed after doing anything other than food service, and tableware was to be washed in the main kitchen.	A 111		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.	A 154		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES AT HAWTHORNE CROS	601 HAWTHORNE CROSSING DR. SE BONDURANT, IA 50035

(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 154	Continued From page 35 This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the building and grounds were not kept safe as a lock on a dementia unit courtyard gate was unlocked and tenants got out of the courtyard. (Revisit #1, Recertification) 1. The Program provided documentation of notification to the department of an incident occurring 2-9-15 at approximately 7:34 p m. On 2-9-15 at approximately 6:51 p.m. a dietary staff member entered the dementia unit and exited through the courtyard to dispose of trash. The dietary staff member exited the dementia unit about five minutes later, but did not ensure the lock on the gate of the dementia unit courtyard was secure. At approximately 7:34 p.m. Tenant #5 and Tenant #10 exited the dementia unit through the unlocked courtyard gate and entered the building through the main entrance approximately five minutes later.	A 154		

Date: August 18, 2015

Complaint/Investigation Intake #'s:

Plan of Correction (POC) Submitted For: Courtyard Estates at Hawthorne Crossing.

- Investigation Date: July 14, 15, 16, 20 and 22
- Monitors: Lori Miner

Program POC:

A. Program Policies and Procedures.

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 481-67.2(231B, 231C, 231D).

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

a. The Program Operations Manager conducted a mandatory training with all Staff 07/15/15 pertaining to policies and procedures requirements for response to door alarms, resident safety and understanding and redirecting sexual impulses of residents with Alzheimer's and Dementia. All staff were provided a copy of the Elopement policy and additional training was provided regarding responding to pagers and team communication.
b. The new Program Nurse conducted training with delegations and return demonstration with delegated staff on Medication Management on 08/18/2015, 8/20/2015, 8/25 and 8/27/2015.
c. Operations Manager completed mandatory training with staff on 07/15/15 regarding Policies and Procedures included the areas of blood borne pathogens, infection control, proper glove usage and handwashing procedures during resident cares,
d. The Nurse Clinician conducted Medication Management training with delegated staff on 07/28/15 to include proper administration of eye drops and medication assistance.
e. The new Program RN will retrain delegations as it pertains to proper handwashing techniques, glove usage, eye drops and medication assistance by on 8/27/2015

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

a. The new 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 the new Program RN and Program Manger to ensure proper procedures are being followed to meet compliance at minimum monthly.

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

a. The new Program RN and Program Manager will conduct routine unannounced observations 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 blood borne pathogens, glove usage, infection control, medication management, proper eye drop administration.

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

d. Hand Soap will be placed in each resident medication box along with towels so that they will be available at all times to staff.

B. Exit interview, Final Report and POC. 67-.13(4)

Monitoring revisit. The department may conduct a monitoring revisit to ensure that the plan of carrection has been implemented and the regulatory insufficiency has been corrected. The department may issue a regulatory insufficiency for failure to implement the plan of correction. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance. Program POC:

1. **Elements detailing how insufficiency was corrected:**

a. The Program Plan of Correction dated 1/14/15 was reviewed by the new Program RN and Program Manager on 8/03/2015 in regards to Evaluation of Tenant, Criteria for Admission/Retention, Service Plans, Nurse Review and Structural Requirements.
b. Tenants #2, 4, and 7 no longer reside in the community.
c. The new Program RN completed assessments in regard to monitor's observations on Tenant # 1 on 08/10, #3 on 08/11, #5 on 08/12, and #6 08/18.
d. The new Program RN completed comprehensive evaluations, nurse reviews with on Tenant # 1 on 08/10, #3 on 08/11, #5 on 08/12, and #6 08/18.
e. The new Program RN completed updated Service plans as needed on Tenant # 1 on 08/10, #3 on 08/11, #5 on 08/12, and #6 08/18

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

a. The new Program RN will conducted assessments, evaluations and nurse reviews to ensure Tenants meet Criteria for Admission/Retention upon change of condition and as needed.
b. The new Program RN will complete comprehensive Nurse Reviews at minimum 90 days, and as tenant individualized services change.
c. The new Program RN will update tenant service plans as tenants' services change to meet the individualized needs and wishes of tenants.

d. The new Program RN will update tenant task sheets and medication records upon changes to services to provide staff accurate instructions in order to provide individualized tenant services.

3. Measures taken to ensure policy and procedure are followed:

a. The Program Nurse will continue to provide evaluations, nurse reviews and update tenant records and service plans according to the regulations for individualized care.

b. Adherence to the POC of 1/14/15 and the current POC will be audited by the Program Manager, RN weekly beginning 09/02/2015

C. 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 as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the programs and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human services professional. A licensed nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. Program POC:

1. Elements detailing how insufficiency was corrected:

a. The Program RN Completed comprehensive assessments Tenants #1 on 08/10/15 and #5 on 08/12/.

b. Tenant #7 has been discharged from the program 01/20/15.

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

a. The new Program RN will evaluate the tenant within 30 days of occupancy and upon any significant change as required in 69.22(2)

3. Measures taken to ensure policy and procedure are followed:

a. The Community Manager and The new Program RN will continue to monitor that evaluations are completed within 30 days of occupancy and with any significant as required in 69.22(2)

b. The Program Manager and the new Program RN will meet weekly to review current resident status and needs.

D. Criteria for Admission/Retention of Tenants 69.23(1)

Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who requires routine, two-person assistance with standing, transfer or evacuation.

1. Elements detailing how the insufficiency was corrected:

a. A waiver request was submitted to the Department for Tenant #1 on 07/15/2015. This was granted by the Department of Inspections and Appeals on 07/24/2015.

b. The new Program RN will meet with outside health services providers when they are in the community to ensure the care plans are up to date and any changes are communicated.
c. Tenant # 1 is currently under a waiver granted by the Department of Inspections and Appeals

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

a. All tenants we be reviewed by the new Program RN to ensure that they meet criteria as of 09/02/2015
b. The new Program nurse will review current tenant's acuity changes during the community's morning meeting with the Community manager.
c. The new Program RN will complete assessments, and update ISP as changes of conditions require.

3. **Measures taken to ensure policy and procedure are followed**:

a. The new Program RN will continue to do required assessments and evaluations on tenants prior to admission and during residency.
b. Any tenant that exceeds criteria will be transferred to appropriate level of care, or a waiver will be requested by the program from the Department of Inspections and Appeals.

E. Tenant Documents 69.25 (1)

Documentation for each tenant shall be maintained by the program and shall include: When the tenant is unable to advocate on the tenant's behalf or the tenant has multiple service providers, including Hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets.

1. **Elements detailing how insufficiency was corrected:**

a. Community Task sheets and Visual checks have been reviewed by the new Program RN and update for Tenant #1 completed on 08/10/15, #5 on 08/12/15/ #12 will be completed by 08/18/15
b. Tenant #8 has been discharged from the program on 05/20/2015 prior to the monitor visit.
c. Education was completed for Universal workers on task sheets and visual checks on 08/13/2015. Completion date 9/2/15.

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

a. The new Program RN will audit current task sheets and visual checks in the memory care program and update as needed.
b. Education was completed for Universal workers on task sheets and visual checks 08/13/15. Completion Date 09/01/2015.

3. **Measures taken to ensure policy and procedure are followed:**

a. The new Program RN will continue to audit the task sheets and visual checks with evaluations and with monthly medication changeover and as needed.

F. Service Plans 69.26(1)

A service plan shall be developed for each tenant based on the evaluations conducted in accordance with sub rules 69.22(1) and 69.22(2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated annually and whenever changes are needed

1. **Elements detailing how insufficiency was corrected:**

    a. Service plans for Tenant #1, 08/10/15 #5, 08/12/15 #10 08/17/15, were reviewed and updated by the new Program RN. #12 will be completed by 08/18/2015 to ensure they meet the specific needs of the individual tenant.
    b. Tenant #7 was discharged from the program 01/20/15 prior to the monitoring visit.

2. **Actions the program is taking to protect tenants in similar situations:**
    a. The new Program RN will review tenants #1, #5, #10 and #12 service plans by 08/18/2015.

3. **Measures taken to ensure policy and procedure are followed:**
    a. Service plan will be reviewed and updated to meet the specific needs of the individual tenant with each evaluation by the new Program RN.
    b. The Program Manager and The Program RN will review weekly any resident changes of conditions and service plan updates. Program RN will update Task sheets as needed to match any service plan updates.

G. Service Plans 69.26 (4)

The service plan shall be individualized and shall indicate, at a minimum, for tenants who are unable to plan their own activities, planned and spontaneous activities based on the tenant's abilities and personal interests.

1. **Elements detailing how insufficiency was corrected:**

    a. Service plans for Tenant #5, #8, and #12 will be reviewed and updated by The new Program RN with the assistance of the program Life Enrichment Coordinator by 08/18/2015 to ensure they meet the specific needs of the individual tenant.
    b. Tenant #8 was discharged from the program 05/20/15
    c. Training for staff was conducted by the Nurse Clinician on 07/24/15 to include spontaneous activities, redirecting residents and meaningful interests. This training also included hands on training with program residents.

2. **Actions the program is taking to protect tenants in similar situations:**
    a. The new Program RN will review memory care service plans for spontaneous and planned activities by 9/2/15.
    b. The Program Manager and Life Enrichment Coordinator will conduct training on resident life stories to assist residents in implementing meaningful interests and positive redirection and interaction by 09/02/2015

c. Tenant Life Stories will be available to staff in memory care and will be incorporated into resident service plans to meet individualized interests, memories to provide staff with the opportunity to communicate effectively for redirection by 08/18/2015.

3. **Measures taken to ensure policy and procedure are followed:**

a. The Program manager, RN and Life Enrichment Coordinator will continue to monitor, develop, and direct planned and spontaneous activities based on the tenant's ability and personal interests.
b. The Program Manager, RN and Life Enrichment Coordinator will participate daily in assisting with activities, while teaching, coaching and mentoring staff with successful interactions with current tenants in the program.

H. Nurse Review 69.27(1)

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 of health-related care, the program shall provide a registered nurse or a licensed practical nurse delegation: to monitor, at least every 90 days or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the medications are administered consistent with such orders.

1. **Elements detailing how insufficiency was corrected:**

a. The Nurse Clinician medication order sheets were reviewed 07/22/15 and medication orders sheets were audited for Tenant's #5, and #6 to ensure orders are being followed.
b. The new Program RN has reviewed medication order sheets for new orders and monthly change over review.

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

a. The new Program RN will review Medication sheets with new orders to ensure orders are being followed daily
b. The new Program RN will complete Nurse reviews at minimum 90 days
c. The new Program RN will complete random audits of the MAR to ensure all medication changes or additions have been processed and are recorded accurately in the MAR

3. **Measures taken to ensure policy and procedure are followed:**

a. The new Program RN will complete a nurse review with change of condition to ensure prescription medications are administered consistent with orders.
b. The new Program RN will routinely review all tenants' medication administration orders and review monthly with the community medication change over.

c. The new Program RN will continue to complete random audits of the MAR for accuracy

I. Nurse Review 69.27(3)

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 of health-related care, the program shall provide a registered nurse or a licensed practical nurse delegation: to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor the progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenants health status.

1. Elements detailing how insufficiency was corrected:

a. The new Program nurse completed a Nurse Review to assess and document the health status on tenants #1, #5 and #6 Tenant # 1 on 08/10, #5 on 08/12, and #6 on 08/18 to monitor progress related the monitor's observations and recommendations.

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

a. The new Program RN will complete Nurse Reviews every 90 days and when a tenant experiences a change in condition to monitor progress relating to previous recommendations, assess and document the health status of each tenant.
b. The new Program RN will communicate any changes or instructions to staff via task sheets or verbally to ensure all services are in place.

3. Measures taken to ensure policy and procedure are followed:

a. The new Program RN will assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor the progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.

J. Food Service 69.28(6)

Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F.

1. **Elements detailing how insufficiency was corrected:**
   a. The Program Manager met with the program Culinary Coordinator on 07/16/15 to provide additional training to staff on proper glove use, infection controlled
   b. The Program Manager ordered additional aprons for all staff to use for food service which were in place on 07/27/15

c. The Program Manager met with the program Culinary Coordinator on 08/13/2015 and training for all staff and culinary staff was conducted regarding proper glove use, handwashing and proper handling of utensils.

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

a. The Program Manager and Culinary Coordinator will conduct random audits of food service in memory care at minimum weekly to ensure proper glove use, hand washing and handling of utensils are in practice beginning 08/03/2015.
b. The Culinary Coordinator, the Program RN and the Program Manager will be present during meal service in memory care at minimum 2x weekly to observe and retrain as needed on going beginning 07/16/15.
c. Staff will wear aprons during meal service for infection control purposes as of 07/27/2015.

3. Measures taken to ensure policy and procedure are followed:

a. The Culinary Coordinator will conduct at minimum yearly training on Safe Food Handling for all staff.
b. The Culinary Coordinator will be present during meal service in memory care at minimum 2xweekly to observe meal service.
c. Staff will wear aprons during meal service at all times.
d. Staff will wear gloves when handling non cooked foods and wash hands per Safe Food Handling protocol.

K. Structural Requirements (1)b.

The buildings and grounds shall be well-maintained, clean, safe and sanitary.

1. Elements detailing how insufficiency was corrected:

a. All staff training was conducted by the program Operation Manager on 07/15/15 on Elopement policy, security checks of exit doors, response to exit door requirements, pager use and clearing, and the memory care gate check requirement.
b. A gate check sheet has been implemented and is check at shift change and upon any vendor or entity using the gate.
c. All staff pagers were checked by the program Operations Manager on 07/15/15 to ensure receiving of pages regarding opening of exit doors and requirements to respond per policy and procedure.
d. The Program Manager implemented a shift change sign out sheet to include pagers, keys and gate check prior to change of shift to ensure all staff have pagers and gates are secure on 08/01/2015.
e. The program installed a new emergency response system on 08/14/15 which is now in use. The new emergency response system includes roam alert on all exit doors in Assisted Living and manual reset requirements on all exit doors in memory care. Tenants in memory care will have roam alert bracelets which will alert in the event they exit the memory care program.
f. All staff received training on the new emergency response system on 08/13/15.

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

a. The Program Manager and Program RN will conduct random door checks including the memory care gate at minimum weekly.
b. The Program Manager and Program RN will audit response times daily.

3. Measures taken to ensure policy and procedure are followed:

c. Policy and Procedure will be reviewed at least yearly and as needed and in monthly staff in-services.

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.