IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
55505-C

December 1, 2015

Ms. Nichole Will, Administrator
Country Manor
900 W 46th Street
Davenport, IA 52806

RE: Final Complaint/Incident Investigation Report, Country Manor, Davenport, Iowa

Dear Ms. Will:

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 **November 16, 2015.**

Based on review of tenant files, review of incident reports, staff interviews, nurse interview, manager interview, review of policies and procedures and monitor observations, the following was found:

1. Allegation: Admission/Discharge
   Findings: Not substantiated
   Comments: A review of three tenant files, review of incident reports, staff interviews, nurse interview, manager interview and monitor observations indicated no tenants exceeded level of care. No concerns with Admission/Discharge were identified.

2. Allegation: Tenant Rights
   Findings: Not substantiated
   Comments: A review of three tenant files, review of incident reports, staff interviews, nurse interview, manager interview and monitor observations indicated tenant rights were upheld. No concerns with Tenant Rights were identified.

The Report notes a Regulatory Insufficiency in the area(s) of: Nurse Review.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0017	A. BUILDING: _____ B. WING _____	C 11/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MANOR	900 W 46TH ST DAVENPORT, IA 52806

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 23 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 27 No regulatory insufficiencies were cited during the investigation of Complaint # 55505-C but the following regulatory insufficiency was cited during the course of the investigation.	A 000		
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: 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	A 094		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 094	Continued From page 1 by: Based on review of tenant files, interviews with the Wellness Director and the Executive Director and review of policies and procedures indicated tenants who received program administered prescription medications did not have nurse reviews at least every 90 days. (Tenants #1 and #2) 1. On 11-16-15, the Wellness Director was interviewed and stated she used to complete 90 day nurse reviews but the policy changed in March of 2015 and she no longer completed 90 day reviews. 2. On 11-16-15, the Executive Director was interviewed and stated new ownership came on board on 3-1-15 and new policies were written. The Program had always completed 90 day nurse reviews prior to 3-1-15 but when the new policy on evaluations and service plans was put in place there was no reference to 90 day evaluations so staff quit doing them. 3. A review of tenant files for Tenant #1 and Tenant #2 indicated 90 Nurse Reviews were not completed when indicated. Tenant #1's file was reviewed and indicated a change of condition occurred on 2-22-15. No subsequent 90 day nurse reviews were completed as indicated after 2-22-15. Tenant #2's file was reviewed and indicated a change of condition occurred on 5-20-15. No subsequent 90 day nurse reviews were completed as indicated after 5-20-15. 4. A review of the Program's policy on Medication Assistance and Administration indicated: when the Program administers prescription medications or provides physician directed care, the nurse will assess and document the health status of each	A 094		

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A 094	Continued From page 2 tenant receiving health related care, make recommendations as appropriate and monitor progress on previous recommendations at least every 90 days. Thus, the Program did have a policy regarding the completion of nurse reviews at least every 90 days. 5. Three tenant files were reviewed (Tenants #1, #2 and #3) and revealed Tenant #1 and Tenant #2 did not have 90 day nurse reviews completed as indicated.	A 094		

COUNTRY MANOR
MEMORY CARE

900 West 46th Street | Davenport, Iowa | p: 563-391-1111 | f: 563-391-6267

Thursday, December 10, 2015

Complaint/Incident Intake #55505-C

Iowa Department of Inspection & Appeals
Rose Boccella
Program Coordinator
Adult Services Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

Dear Mrs. Boccella,

Please consider this our plan of correction for the regulatory insufficiencies cited on November 16, 2015 with the **Final Complaint/ Incident Investigation, Country Manor, Davenport, IA** completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapters 481-67 and 481-69, pertaining to regulatory insufficiency in the nurse review.

A. 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 care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation. 481-69.27 (231C)

69.27 (1) – To monitor at least every 90 days, or after a significant change in a 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; and

69.27 (2) – to ensure that health care professionals' orders are current for tenants who receive health care professional directed care from the program; and

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 a tenant's health status; and

69.27 (4) – to provide the program with written documentation of the activities under the services plan, as set forth in rule 481-69.26(231C) showing the time, date and signature.

1. Elements detailing how the program will correct the regulatory insufficiency.
    a. A baseline nurse review was completed on each tenant by December 1, 2015.

2. What measures will be taken to ensure the problem does not recur?
    a. The Wellness Director, Registered Nurse will complete a nurse review on each tenant every 90 days or after a significant change in the tenant's condition.

3. How the program plans to monitor performance to ensure compliance.
    a. The Wellness Director, Registered Nurse or designee will complete a quarterly audit of all charts to ensure the problem does not recur therefore we will be in compliance.

4. Date by which the regulatory insufficiency will be corrected?
    a. A baseline nurse review was completed on all tenants by December 1, 2015

Thank you for your consideration and please do not hesitate to contact me at 563-391-1111 if any further information is required.

Sincerely,

Nichole Will

Nichole Will, BSW
Executive Director