IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

December 3, 2015

Ms. Debbie Klatt, Manager
Otsego Place
520 Otsego Street
Storm Lake, IA 50588

RE: Final Recertification Monitoring Evaluation Report – Otsego Place, Storm Lake, IA

Dear Ms. Klatt:

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **November 30 & December 1, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Evaluation of Tenant.

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 or a contested case hearing 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 this report, please contact me at 515/281-7039 or Rose.Boccella@dia.iowa.gov

Sincerely,

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
	S0184	A. BUILDING: _____ B. WING _____	12/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OTSEGO PLACE	520 OTSEGO STREET STORM LAKE, IA 50588

(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: 45 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 45 TOTAL census of Assisted Living Program: 45 The following regulatory insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

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

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on a review of tenant files, evaluations were not completed with a significant change of condition. 1. Tenant #2, a 91 year-old, was admitted on 10-13-15 and had diagnoses of: hypothyroidism, coronary atherosclerosis, esophageal reflux, hypertension, and angina pectoris. Evaluations were completed within 30 days of admission, on 11-11-15. An incident report dated 11-9-15 documented Tenant #2 was found on the floor. Tenant #2 lost balance and fell. No injuries were noted. An incident report dated 11-19-15 documented Tenant #2 was found on the knees. Progress notes dated 11-27-15 and timed 5:42 a.m. documented Tenant #2 was found on the floor face down. Police were called to assist Tenant #2 to the chair. Tenant #2 was on the floor three times between 11-9 and 11-27-15. Progress notes dated 11-12-15 documented Tenant #2's bilateral lower legs were swollen with 1+ pitting edema. An order was received for compression stockings. Progress notes dated 11-15-15 documented Tenant #2 has 2+ pitting edema to the lower extremities. Progress notes dated 11-17-15 and times 11:15 a.m. documented Tenant #2 had "another" ulcer on the right lower buttocks the size of a dime. Progress notes dated 11-27-15 and timed 1:52 p.m. documented Tenant #2 refused a shower and two staff members assisted Tenant #2 to stand to do perineal care and wound care.	A 037		

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A 037	Continued From page 2 Progress notes dated 11-28-15 and timed 9:47 a.m. documented a phone call to a family member to discuss frequent falls, and possibly needing a higher level of care. Notes documented Tenant #2 fell getting up out of the chair to urinate and did not call for assistance. A two-hour toileting program was initiated and the progress notes went on to document Tenant #2 fell trying to get out of the chair after staff had been in the apartment one-half hour prior. The nursing facility was to be contacted regarding tenant transfer. Progress notes dated 11-29-15 documented Tenant #2 was still showing weakness and was taken to the emergency room for further evaluation. Tenant #2 returned to the Program with an order for an antibiotic for a sinus infection and cough. Tenant #2 was transferred to a higher level of care on 12-1-15. Tenant #2 had frequent falls, increasing edema in the lower extremities, increased care needs requiring a toileting program, and a new buttocks wound following the evaluations of 11-11-15. Evaluations of function, cognition, and health were not completed with a significant change of condition. 2. Tenant #3, an 85 year-old, was admitted on 11-1-15 and had diagnoses of: anxiety, diverticulosis, atrial fibrillation, esophageal reflux, and hypertension. Physicians orders dated 10-28-15 documented Tenant #3 was to be on warfarin, a blood thinner, daily. An incident report dated 11-7-15 documented Tenant #3 was found on the floor. Tenant #3 was	A 037		

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A 037	Continued From page 3 attempting to get paper off of a table, turned around and lost balance. Tenant #3 tripped over the walker and landed on the left side hitting the head on the floor. Tenant #3 was sent to the emergency room and a head injury form was initiated upon Tenant #3's return to the Program. The head injury form documented frequent checks during the first 24 hours following the fall, and checks at 48 and 72 hours. An incident report dated 11-15-15 documented Tenant #3 fell when getting up to answer the phone. Tenant #3 landed on the walker. Tenant #3 was observed to have a cut to the right brow and right wrist. Tenant #3 complained of right hip discomfort. Tenant #3 was sent to the emergency room and was diagnoses with a fracture of the orbit of the left eye. Tenant #3 returned to the Program and a head injury form was initiated upon return. The head injury form documented frequent checks during the first 24 hours following the fall, and checks on 11-17 and 11-18-15. Progress notes dated 11-16-15 and timed 10:32 a.m. documented Tenant #3 also had a contusion of the right elbow, fact and thigh, and an abrasion of the right orbit. Tenant #3 also complained of right hand pain and an appointment with a physician was scheduled to address "these problems." According to progress notes dated 11-16-15, Tenant #3 was also diagnoses with a sinus infection and an antibiotic was started. Tenant #3 sustained two falls with head injury within approximately one week resulting in standard clinical interventions of trips to the emergency room, and frequent checks. Tenant #3 had an orbital fracture, contusions, and hand pain. Tenant #3 also had a sinus infection with a standard intervention of antibiotic. Nurse reviews	A 037		

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A 037	Continued From page 4 were completed; however, evaluations of function, cognition, and health were not completed with a significant change of condition. 3. Tenant #4, an 88 year-old, was admitted on 9-23-13 and had diagnoses of: hypothyroidism, hypertension, diverticulitis, osteoporosis, and rheumatoid arthritis. On 10-8-15, Tenant #4 was admitted into hospice related to prostate cancer. Tenant #4's clinical file contained a history/physical/functional assessment form with an initial date of 1-12-15 and reviewed on 5-22, 7-23, and 8-31-15. The summary also contained documentation dated 10-8-15 which indicated Tenant #4 was admitted into hospice. A review of the form revealed documentation Tenant #4 was independent with eating and did not contain documentation of Tenant #4's height or weight as indicated on the form. The form also contained documentation Tenant #4 was on a general diet which Tenant #4 monitored. Tenant #4 had a poor appetite. Hospice admission summary notes dated 10-12-15 documented Tenant #4 weighed approximately 118 pounds and had an 11.9% weight loss in the last six months. Progress notes dated 10-11, 10-14, 10-16, 10-21, 11-2, 11-18, and 11-29-15 documented Program staff was monitoring Tenant #4's diet. Notes of 10-14 and 10-16-15 also referred a nutritional supplement being given to Tenant #4. Notes dated 11-29-15 documented Tenant #4 did not want the nutritional supplement daily, but wanted the supplement as needed. The clinical file for Tenant #4 contained documentation after 10-8-15 the Program was	A 037		

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A 037	Continued From page 5 monitoring Tenant #4's diet and providing nutritional supplements. Standard clinical interventions were instituted for Tenant #4, a person in hospice with weight loss and poor appetite, after the evaluation of 10-8-15 which indicated Tenant #4 monitored diet per self. Evaluations were not completed with a change of condition.	A 037		

Otsego Place

520 Otsego Street

Storm Lake, IA

Plan of Correction for Regulatory Insufficiency: Evaluation of tenant

1. Evaluations including function, cognition and health were completed on Tenant #3,#4
2. Implemented a **significant change form** for nursing staff to fill out when they feel a change in a tenant's condition has occurred. They will give it the DON and she will make the decision if a change in condition has occurred and if an evaluation needs to be completed.
3. All incidents reports will be looked at in detail by DON and an evaluation will be completed to see if a change in tenant's condition has occurred.
4. The above changes effective January 1st 2016

Thank you,

Marci Lago RN,BSN,DON