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

January 14, 2016

Ms. Lisa Crawford, Director
Assisi Village Assisted Living
1001 Assisi Drive
Dubuque, IA 52001

RE: Final Recertification Monitoring Evaluation Report – Assisi Village Assisted Living, Dubuque, IA

Dear Ms. Crawford:

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 **January 5 & 6, 2016.** The Report notes Regulatory Insufficiencies in the area(s) of: Record Checks and Service Plans.

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

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

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

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

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

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference 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

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
	S0301	A. BUILDING: _____ B. WING _____	01/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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: 20 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 20 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 124	481-67.19(4) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on review of staff files and review of Program documents the Program failed to hire staff within 30 calendar days from the date the results of the background check were received	A 124		

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A 124	Continued From page 1 by the Program for three of six staff files reviewed (Staff A, B and C). Three staff were hired more than 30 calendar days from the Program's receipt of the background check results. 1. Staff A, a caregiver, was hired on 1-6-14. A criminal history background check and abuse registries background check was completed on 11-7-13 and revealed further research was required for the criminal history background check. The Iowa Record Check Request Form S indicated a record was found dated 11-13-14. The Iowa Department of Human Services (DHS) completed a Record Check Evaluation and determined Staff A could work at the Program. The approval notice was dated 12-2-13 and Staff A was hired on 1-6-14. Staff A was hired more than 30 calendar days from the time the Program received notification that Staff A could work at the Program. 2. Staff B, a caregiver, was hired on 4-29-15. A criminal history background check and abuse registries background check was completed on 3-25-15 and revealed no records were found. Staff B was hired more than 30 calendar days from the time the results of the background check were received by the Program. 3. Staff C, a caregiver, was hired on 10-27-14. A criminal history background check and abuse registries background check was completed on 9-17-14 and revealed further research was required for the criminal history background check and the sex offender registry. There were no records found and the date of the results were 9-19-14. Staff C was hired more than 30	A 124		

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A 124	Continued From page 2 calendar days from the time the results of the background check were received by the Program. 4. According to the Program policy and procedure regarding staffing, any prospective employee would have a criminal background check, dependent adult abuse check and child abuse check performed before the prospective employee began work. If a prospective employee had a criminal history or an abuse history, the prospective employee would not be employed unless DHS had performed an evaluation and determined the record did not prohibit employment.	A 124		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on review of tenant files and review of Program documents the Program failed to develop service plans that reflected the identified needs of the tenants for two of three tenant files reviewed (Tenants #1 and #2). Two tenant files did not have service plan that reflected the identified needs of the tenants. 1. Tenant #1, an 89 year old, was admitted on 2-28-14 and diagnoses included: chronic pain, asthma, osteoarthritis, atrial fibrillation, essential hypertension and history of cellulitis bilateral	A 089		

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A 089	Continued From page 3 lower extremities (BLE). According to a nurse review, on 7-27-15 Tenant #1 was put on Cephalexin 500 milligram (mg) one tablet, by mouth twice daily for 10 days for cellulitis in the left lower extremity. Tenant #1 was put on contact isolation. According to a nurse review dated 8-10-15 the antibiotic was completed for cellulitis. Tenant #1 had a diagnosis of history of cellulitis BLE. The service plan did not reflect Tenant #1 had a history of cellulitis. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, an 97 year old, was admitted on 11-22-13 and diagnoses included: hearing loss, macular degeneration and low vision. Tenant #2 received Hospice services. According to Hospice documentation from December 2015, Tenant #2 was tearful and emotional during the visit. An order was received to change Lorazepam Intensol to 0.5 mg (0.25 milliliters) every hour as needed. Lorazepam 0.5 mg tablet, one tablet by mouth at bedtime and every hour as needed dated 12-4-15. The service plan did reflect Tenant #2's tearfulness, the Lorazepam orders and interventions related to the tearfulness. The service plan did not reflect the identified needs of Tenant #2. 3. According to the Program's policy and procedure regarding service plans, the service plan would identify all services needed and/or requested by the tenant, who would provide the service, outcomes related to the service and activity preferences.	A 089		

January 18, 2016

Tamara Brockob
Certification Coordinator
Tamara.Brockob@dia.iowa.gov

Re: Final Recertification Monitoring Evaluation Report- Assisi Village

Dear Tamara,

Below please find our written Plan of Correction for the two areas listed as having Regulatory Insufficiencies.

A. *Record Check Regulatory Insufficiency: 481-67.19 (4)* Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program.
RI: Based on the review of Program documents the Program failed to hire staff within 30 calendar days from the date the results of the background check were received by the Program for 3 of 6 staff files reviewed.

Plan of Correction:
To assure staff is hired within 30 calendar days from the date of background check results, the following protocol has been put into place:
1. The background check for staff C was approved.
2. The background check for staff B was submitted and is expected back by January 22.
3. The background check for staff A was submitted and required further research for the criminal background again. The completion for this background check is estimated to take 2 weeks for results.
4. Hire date is confirmed before background check is requested to avoid the time period extending past the 30 day requirement.
5. In cases where the hire date changes and the 30 day requirement may not be met, HR will request another background check to assure compliance.
6. HR will conduct quarterly audits to assure regulation compliance.

B. *Service Plan Regulatory Insufficiency: 481-69.26 (4)* The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance.
RI: Based on the review of tenant files and review of Program documents, the Program failed to develop service plants that reflected the identified needs for 2 of 3 tenant files reviewed. Tenant #1 has a service plan that did not reflect a history of cellulitis. Tenant #2's service plan did reflect the tenant's tearfulness, Lorazepam orders and interventions related to tearfulness, but the service plan did not reflect the specific, identified needs of Tenant #2.

Plan of Correction:

1. Service plan for Tenant #1 was updated on January 6, 2016 and included information that noted the tenant's history of cellulitis.
2. Service plan for Tenant #2 was updated on January 6, 2016 and information was added that reflected the tenant's identified needs in regards to depression and tearfulness.
3. The nurse will audit service plans once per quarter or with change of condition to make sure all plans are up-to-date and reflect all tenant's identified needs. The audit will include a review of all medical conditions and behaviors. The nurse will also insure that medical condition history, including diagnosis, is on the service plan.
4. The caregiver staff will also audit and review service plans to verify that all needs are identified for each resident. They will also confirm that all previous diagnosis and behaviors are included in service plan. This added responsibility will be a "double check" for our nurse.

If you have any further questions or you need additional clarification on our POC's, please contact me at (563) 690-9650.

Thank you,

Lisa M. Crawford
Assisi Village Director

STONEHILL FRANCISCAN SERVICES
1001 Assisi Drive
Dubuque, Iowa 52001

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Celebrating Daily the Dignity of Older Adults

January 18, 2016

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3. HR will conduct quarterly audits to assure regulation compliance.

Staffs A - B - C - when were PI's completed.

B. *Service Plan Regulatory Insufficiency: 481-69.26 (4)* The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance.
RI: Based on the review of tenant files and review of Program documents, the Program failed to develop service plants that reflected the identified needs for 2 of 3 tenant files reviewed. Tenant #1 has a service plan that did not reflect a history of cellulitis. Tenant #2's service plan did reflect the tenant's tearfulness, Lorazepam orders and interventions related to tearfulness, but the service plan did not reflect the specific, identified needs of Tenant #2.

Plan of Correction:
1. The nurse will audit service plans once per quarter or with change of condition to make sure all plans are up-to-date and reflect all tenant's identified needs. The audit will include a review of all medical conditions and behaviors. The nurse will also insure that medical condition history, including diagnosis, is on the service plan.

When were SP's updated for Tenant #1 & #2.
1-20 need more info - send email.

2. The caregiver staff will also audit and review service plans to verify that all needs are identified for each resident. They will also confirm that all previous diagnosis and behaviors are included in service plan. This added responsibility will be a "double check" for our nurse.

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Thank you,

Lisa M. Crawford
Assisi Village Director