IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
56810-C
57082-C

January 21, 2016

Ms. Debbie Crosser, Director
Emery Place
901 South Mentzer Road
Robins, IA 52328

RE: Final Complaint/Incident Investigation Report, Emery Place, Robins, Iowa

Dear Ms. Crosser:

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 **January 5, 6 and 7, 2016.**

Based on review of tenant files, review of incident reports, review of medication error reports, staff interviews, tenant interviews, management interviews and review of policies and procedures, the following was found:

1. Allegation: Staffing
   Findings: Not Substantiated
   Comments: The ALP Monitoring Entrance Form completed by the Program at the time of the onsite reflected the staffing patterns per shift at the Program. Interviews with tenants indicated staff responded appropriately when called for assistance. Staff interviews indicated at times it would be nice to have an extra staff person assigned to Memory Care 1. The Nurse and Manager indicated there was enough staff to meet the needs of the tenants with the exception of occasional needs in Memory Care 1. The Iowa Administrative Code does not indicate staffing ratios. Although there were some concerns with staffing, the concerns did not rise to the level of a regulatory insufficiency.

The Report notes Regulatory Insufficiencies in the area(s) of: Medications, Admission/Retention of Tenants and Service Plans.

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

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

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

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

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

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

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

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0351	A. BUILDING: _____ B. WING _____	C 01/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	901 SOUTH MENTZER ROAD ROBINS, IA 52328

(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: 18 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 18 Dementia-Specific Program by Dedication: Unit #1 Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 Dementia-Specific Program by Dedication: Unit #2 Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder. 3 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 35 No regulatory insufficiencies were cited during the investigation of Complaint #56810-C and Complaint #57082-C. The following regulatory insufficiencies were cited during the course of the investigation:	A 000		
A 036	481-67.5(6)a Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered	A 036		

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A 036	Continued From page 1 traditionally by the program: a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Based on review of tenant files, review of medication administration records (MARs), review of task sheets, staff interviews and review of policies and procedures the Program did not administer medications per physician orders. 1. Tenant #1, a 75 year old, was admitted on 9-7-15 and diagnoses included: diabetes-diet controlled, pacemaker, ankle swelling, cholecystectomy, hypertension, urinary retention, restless legs and fungus on toes. Tenant #1 was staged at a five on the Global Deterioration Scale (GDS) which indicated moderate severe cognitive decline. Tenant #1 resided in a locked dementia specific unit. According to Tenant #1's service plan dated 12-16-15, the Program filled Tenant #1's medication planners and staff administered the medications from the planner. According to a medication list dated 9-23-15, blood glucometer lancets were to be used twice daily. A review of a box of lancets indicated the lancets were to be used once a day. A box of glucometer strips used for testing blood glucose indicated the strips	A 036		

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A 036	Continued From page 2 were to be used twice daily. According to Tenant #1's task sheet dated January 2016 indicated blood sugars be checked two times a day in the morning and evening. The task sheet indicated the times to be checked were at 7:00 a.m. and at 8:00 p.m. Per documentation on the task sheet, the blood sugar was not checked on 1-3-16 as staff indicated per the MAR the check was to be completed at 8:00 p.m. An "X" was placed in the 7:00 a.m. slot for 1-4-16 and 1-5-16 indicating the blood sugars were not completed. Blood sugars were completed at 8:00 p.m. on 1-3-16, 1-4-16 and 1-5-16. Blood sugar checks were not completed at 8:00 p.m. on 1-1-16, 1-2-16 and 1-6-16. The Program was unable to find an order regarding the frequency of completing blood glucose checks. On 1-7-16 the Program contacted Tenant #1's physician for clarification and an order was received indicating blood glucose was to be tested twice a day for diabetes. According to Tenant #1's MARs, three pages of MARs reflected Tenant #1's name and medications were listed. The pages did not indicate the month, physician name or other identifiers listed on the form. An order for vapor rub for a small amount to be applied to affected toe nails was reflected as being in the pill planner. The vapor rub is a petroleum product and not an oral medication, thus was inaccurately identified as being in the medication planner. The MARs also reflected initials were placed in the daily column for the first three days of the month, then the initials were written over with the the words "in pill planner." On the third page of the MARs, the line item indicated to give meds in pill box and initials were indicated for 7:00 a.m., 12 noon and 8:00 p.m. Documentation was not clear and accurate. Treatments and medications were not administered as ordered by Tenant #1's	A 036		

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A 036	Continued From page 3 physician. 2. Tenant #8's MARs reflected to administer Bio Freeze apply small amount to both knees twice daily at 7:00 a.m. and 8:00 p.m. No documentation was indicated the treatment was administered on 1-2-16 at 8:00 p.m. and 1-4-16 at 7:00 a.m. Treatments were not administered as ordered by Tenant #8's physician. 3. Tenant #9's Task Sheet reflected verbal reminders to take medications from pill planner at 8:00 a.m. and 4:30 p.m. No documentation was indicated that reminders were given on 1-5-16 at 8:00 a.m. and 4:30 p.m. Medications were not administered as ordered by Tenant #9's physician. 4 Tenant #10's Task Sheet reflected verbal reminders to take medications from pill planner at 8:00 a.m. and 4:30 p.m.. No documentation was indicated that reminders were given on 1-5-16 at 4:30 p.m. Medications were not administered as ordered by Tenant #10's physician. 5. Tenant #11's treatment sheet reflected blood sugar checks daily at 7.30 a.m. No documentation was indicated on 1-4-16 at 7:30 a.m. Tenant #11's treatment sheet reflected one touch strips for blood sugar checks daily. No documentation was indicated on 1-4-16 at 7:30 a.m. Tenant #11's MARs reflected Miralax powder 1/4 to 1/2 capful mixed in coffee daily. On 1-1-6, 1-2-16 and 1-3-16 staff initials were circled and documentation reflected Tenant #11 refused the medication. Initials were circled on 1-4-16 and 1-5-16 but a reason was not documented on the back of the MAR as to why the medication was not given. Tenant #11's MARs reflected artificial tears to instill one drop	A 036		

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A 036	Continued From page 4 into both eyes four times daily. No documentation was indicated on 1-6-15 at 12 noon and no reason was documented on the MARs. Treatments and medications were not administered as ordered by Tenant #11's physician.	A 036		
A 047	481-69.23(1)i 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: i. Requires maximal assistance with activities of daily living This REQUIREMENT is not met as evidenced by: Based on review of tenant files, review of incident reports, staff interviews, management interviews and monitor observations, the Program failed to discharge a tenant who exceeded the criteria for admission and retention. (Tenant #2) 1. Tenant #2, an 86 year old, was admitted on 5-1-15 and diagnoses included: history of falls, benign hypertension, pernicious anemia, hearing loss, Alzheimer's, history of upper respiratory infections, hyperlipidemia, bilateral hip fracture, and right hip fracture with surgery August 2014. Tenant #2 was staged at a six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. Tenant #2 resided in a locked dementia specific unit. According to Tenant #2's service plan dated 12-15-15, Tenant #2 needed assistance from staff with bathing and getting	A 047		

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A 047	Continued From page 5	A 047		

cleaned up, staff to prompt/cue and assist as needed. Tenant #2 preferred hands on assistance with grooming and hygiene and needed assistance or repetitive verbal cues to complete dressing and undressing. Tenant #2 was dependent with meals and eating and drinking. Tenant #2 needed assistance with medication administration. Tenant #2 needed assistance to use the toilet and staff was to dispose of used incontinent products each shift. Tenant #2 was chairfast and was not ambulatory, unable to exit the building without total assistance.

2. On 1-5-16, Staff A was interviewed and stated Tenant #2 needed maximal assistance with bathing, brushing hair, brushing teeth, peri-care, ambulation, medication administration and needed to be fed.

3. On 1-6-16, Staff B was interviewed and stated Tenant #2 needed assistance to the bathroom; some days could stand and other days would not. Tenant #2 did not participate in toileting, ambulation, showers, brushing teeth, brushing hair and needed to be fed at all times. Staff B stated Tenant #2 exceeded level of care.

4. On 1-6-16, Staff C was interviewed and stated Tenant #2 did not feed self, was dependent on staff to brush teeth and brush hair, staff completed total bathing as Tenant #2 would not hold a wash cloth. Staff would assist to toilet but had to place hand on bar and then direct Tenant #2 to sit down on the toilet. Tenant #2 was totally dependent on staff for dressing and would not follow directions to assist with dressing. Tenant #2 was dependent on staff for all medications, staff would crush and put in applesauce. Tenant #2 could walk to the bathroom with a gait belt and

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A 047	Continued From page 6 assist of two staff. Staff C stated Tenant #2 exceeded level of care. 5. On 1-6-16, the Nurse was interviewed and stated Tenant #2 exceeded level of care. 6. On 1-7-16, the Manager was interviewed and stated Tenant #2 exceeded level of care. 7. On 1-5-16 at 2:35 p.m., the monitor observed Tenant #2 sitting in a recliner next to family. Staff A applied a gait belt around Tenant #2, lifted Tenant #2 and stood behind while walking to the bathroom. Tenant #2 placed hand on the safety bar without direction. Staff A pulled down slacks and underpants. When finished, Tenant #2 held onto the bar while Staff A lifted Tenant #2. Peri-care was provided and pants were pulled up by Staff A. Tenant #2 was directed to walk towards the sink and washed hands with cuing. Tenant #2 shuffled towards the recliner while Staff A walked behind and Tenant #2 sat down. Staff A stated Tenant #2 did not participate in brushing teeth and was dependent on staff for brushing hair. On 1-6-16 at 11:27 a.m., the monitor observed Tenant #2 sitting at the dining room table. Lunch was placed in front of Tenant #2 and one half of a hamburger sandwich was placed in Tenant #2's hand. Tenant #2 brought it to mouth and took one bite independently. Tenant #2's family directed to take a bite and placed a piece of potato in Tenant #2's mouth. Tenant #2 continued to hold half of the sandwich without eating. Staff B sat down and started to feed Tenant #2 using a fork and cut up hamburger meat feeding bites to Tenant #2. Bites of corn were eaten and juice was offered using a straw. Staff B finished feeding Tenant #2 at 11:48 a.m.	A 047		

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A 047	Continued From page 7 The food consumed was three fourths of the corn, one fourth of the hamburger meat, three fourths of the potato slices and one half of the juice. On 1-6-16 at 3:10 p.m., the monitor observed Tenant #2 sitting in a recliner. Staff D placed shoes on feet and Staff E assisted. Tenant #2 was asked to sit up but did not do so, gait belt was put in place. Tenant #2 required the assistance of two staff to stand and ambulate to the bathroom. Tenant #2 was asked to place hand on the bar but did not do so. Staff D then placed Tenant #2's hand on bar and asked Tenant #2 to sit on the toilet. When finished, peri-care was provided. Tenant #2 was offered a tooth brush to brush teeth but refused to take the brush or hold the brush. Staff D stated Tenant #2 did not brush teeth and would not wash face or blow nose. Staff D stated staff dressed and showered Tenant #2, brushed hair. Staff D stated Tenant #2 did not participate in feeding self and needed to be fed. Staff E stated Tenant #2 might hold a tooth brush but normally dropped it, thus staff brushed teeth. Staff provided all assistance with showering as Tenant #2 did not assist in any way. Tenant #2 required staff to feed and was a routine two person assist as knees buckled, Tenant #2 was unstable on feet due to loss of balance. On 1-7-16 at 9:00 a.m., the monitor observed Tenant #2 sitting in a wheelchair at the dining room table, laying back in a supine position, slouching, stating "I want to go home." Tenant #2 was served a sandwich of white bread, egg, bacon and syrup. Staff F fed Tenant #2 who ate one third of the sandwich. Tenant #2 did not participate in any way. Staff E placed a glass of juice to Tenant #2's lips. Tenant #2 did not reach	A 047		

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A 047	Continued From page 8 out to hold the glass. 8. Tenant #2 did not participate in feeding self, did not assist with bathing, dressing, brushing teeth, brushing hair or peri-care. Tenant #2 was dependent on staff for medication assistance. Tenant #2 intermittently required the assistance of two for ambulation. Tenant #2 exceeded level of care due to requiring maximal assistance with activities of daily living.	A 047		
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, service plans were not individualized to indicate the tenant's identified needs and preferences for assistance. 1. Tenant #1, a 75 year old, was admitted on 9-7-15 and diagnoses included: diabetes-diet controlled, pacemaker, ankle swelling, cholecystectomy, hypertension, urinary retention, restless legs and fungus on toes. Tenant #1 was staged at a five on the Global Deterioration Scale (GDS) which indicated moderate severe cognitive decline. Tenant #1 resided in a locked dementia specific unit. According to a physician order dated 12-15-15, Tenant #1 was to wear knee brace for left knee. Tenant #1's service plan was not updated to reflect the order for a knee brace for the left knee Tenant #1's service plan was	A 089		

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A 089	Continued From page 9 not individualized to reflect the use of a knee brace for the left knee. 2. Tenant #6, an 85 year old, was admitted on 5-25-15 and diagnoses included: dementia, diabetes mellitus, gastric esophageal reflux disease, hyperlipidemia, essential hypertension, osteoporosis, peripheral neuropathy, vitamin deficiency, trans ischemic attacks, constipation, generalized pain, lack of coordination, weakness, dysphasia, stroke, coronary artery disease and carotid stenosis Tenant #6 was admitted to hospice on 7-8-15. According to a hospice nursing note dated 11-27-15, Tenant #6 was using oxygen at 2 liters. According to a physician order dated 12-11-15, Tenant #6 was to receive oxygen two to four liters via nasal cannula as needed for shortness and for comfort. Tenant #6's service plan dated 12-13-15 indicated oxygen use at all times but did not specify the number of liters to be used. Tenant #6's service plan was not individualized to reflect the amount of oxygen to be used.	A 089		
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 review of tenant files, service plans were not individualized to indicate for tenants who	A 092		

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A 092	Continued From page 10 were unable to plan their own activities, including tenants with dementia, planned and spontaneous activities. 1. Tenant #2, an 86 year old, was admitted on 5-1-15 and diagnoses included: history of falls, benign hypertension, pernicious anemia, hearing loss, Alzheimer's, history of upper respiratory infections, hyperlipidemia, bilateral hip fracture, and right hip fracture with surgery August 2014 Tenant #2 was staged at a six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. Tenant #2 resided in a locked dementia specific unit. According to Tenant #2's service plan dated 12-15-15, staff may choose any spontaneous activity available according to what the tenant seems to be receptive to do or customarily enjoys. The service plan was not individualized to indicate planned and spontaneous activities. 2. Tenant #4, an 81 year old, was admitted on 12-29-15 and diagnoses included cerebral infarction due to thrombosis of right middle cerebral artery and Type II Diabetes with diabetic neuropathy. Tenant #4 was staged at a five on the GDS which indicated moderate severe cognitive decline. Tenant #4 resided in a locked dementia specific unit. According to Tenant #4's service plan dated 12-28-15, staff may choose any spontaneous activity available according to what the tenant seems to be receptive to or customarily enjoys. The service plan was not individualized to indicate planned and spontaneous activities. 3. Tenant #5, a 74 year old, was admitted on 5-4-15 and diagnoses included: anxiety, vascular dementia, asthma, weight loss, hypertension, constipation, osteoporosis, allergies,	A 092		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	901 SOUTH MENTZER ROAD ROBINS, IA 52328

(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 092	Continued From page 11 hyperlipidemia, gastric esophageal reflux disease, syncope and collapse. Tenant #5 was staged at a five on the GDS which indicated moderate severe cognitive decline. Tenant #5 resided in a locked dementia specific unit. According to Tenant #5's service plan dated 12-25-15, staff may choose any spontaneous activity available according to what the tenant seems to be receptive to or customarily enjoys. The service plan was not individualized to indicate planned and spontaneous activities.	A 092		

Emery Place
901 S. Mentzer Rd.
Robins, Iowa 52328
Ph: 319-536-0045 Fx: 318-536-0047

Date: 1/21/2016

Complaint Intake #:

Plan of Correction (POC) Submitted For:

- Investigation Date: Jan. 5, 2016

POC:

A. Medications: Tenants #1, #8, #9, #10, #11

Regulatory Insufficiency: 481-67.5(6)a Medications: Each program shall follow its own written policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program:

a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified or noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant(PA).

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:** The Program RN contacted Tenant #1 physician for clarification and an order was received indicating blood glucose was to be tested twice a day for diabetes. Orders were checked and updated in MAR's on 1-7-16 the date of the investigation.

2. **Actions program taking to protect tenants in similar situations:** The Program RN audited each resident that had physician orders and they were checked against the current MAR's to identify any errors on 1-21-16. Current MAR's were checked for accuracy.

3. **Measures taken to ensure problem does not recur:** The transition to POC and electronic MAR's will go into effect on February 1st. MAR will continue to be checked against orders and reviewed every 30 days by an RN.

4. **Program plans to monitor performance to ensure compliance**: The Program RN will crosscheck all new MARs with the previous MARs, with the Medications and with the physician orders each month. The pharmacy will continue to review MARs every quarter.

B. **Criteria for admission and retention of tenants: Tenant #2**
Regulatory Insufficiency: 481-69.23(231C) Criteria for Admission/Retention of Tenants 481-69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:

i. Requires maximal assistance with activities of daily living

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:** The Program nurse and manager met with family on January 8th 2016 and the program manager issued a 30 day move out notice. Resident #2 has been removed from the community and placed in higher level of care.
2. **Actions program taking to protect tenants in similar situations:** All tenants have been reviewed to ensure they meet criteria.
3. **Measures taken to ensure problem does not recur:** The program RN will request a wavier and continue to do required assessments and evaluations on Residents prior to admission and during residency. Any tenant that exceeds criteria will be transferred to appropriate level of care or a waiver will be requested.
4. Resident #2 moved out and to a higher level of care on January 21st 2016.

C. **Service Plans: Tenant #1, #6**
Regulatory Insufficiency: 481-69.26(231C) Service Plans: The service plan shall be individualized and shall indicate, at a minimum:

a. The tenant's identified needs and preferences for assistance.

Program POC:

1. **Elements detailing the programs correction of insufficiency:** Education was provided to the program nurse on individualizing plans of care to identify the needs and preferences for assistance. Tenant #6 is no longer residing at Emery Place. Program nurse will have direct communication with Hospice RN in order to keep all related service plans correct and up to date.
2. **Actions program taking to protect tenant in similar situations:** Program nurse and manager will continue to review the service plans.
3. **Measures taken to ensure problem does not reoccur:** With respect to Tenant #1, and #6 the Healthcare Coordinator will ensure documentation has been recorded in the resident's electronic chart to include changes from nurse reviews, scheduled assessments, or hospice reviews to correlate with the service plan. This includes reviewing each service plan to ensure it is up-to-date meeting the resident's needs and/or requests.

D. **Service Plans: Tenant # 2, #4, #5**
Regulatory Insufficiency: 481-69.26(231C) Service Plans: The service plan shall be individualized and shall indicate, at a minimum:

d. The 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.

Program POC:

1. **Elements detailing the programs correction of insufficiency:** Program nurse With respect to Tenant #2, #4 and #5 the service plans have been revised for each resident detailing possible spontaneous activities.

2. **Actions program taking to protect tenant in similar situations:** Any service plans regarding residents with specific diagnoses, such as dementia will include details and interventions to meet the needs of the resident. All service plans will identify services needed and/or requested by the resident and will be individualized to meet the needs of the residents including spontaneous activities.

3. **Measures taken to ensure problem does not reoccur:** All service plans will identify spontaneous services needed and/or requested by the resident and will be individualized to meet the needs of the resident.

Compliance:

The program will be in compliance on or by February 1, 2016.

Disclaimer for POC

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.