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
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

February 29, 2016

Ms. Chris Wolf, Administrator
Pioneer Place AL
415 East Pioneer Road
Lone Tree, IA 52755

RE: Final Recertification Monitoring Evaluation Report – Pioneer Place AL, Lone Tree, IA

Dear Ms. Wolf:

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 **February 15, 2016.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans and Dementia Specific Education for Program Personnel.

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
	S0061	A. BUILDING: _____ B. WING _____	02/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER PLACE AL	415 E PIONEER RD LONE TREE, IA 52755

(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: 5 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 5 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 5 TOTAL census of Assisted Living Program: 10 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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 of review of tenant files and review of Program documents, the Program failed to	A 089		

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A 089	Continued From page 1 develop service plans that were individualized and indicated at a minimum: the tenants' identified needs and preferences for assistance for three of three tenant files reviewed (Tenants #1, #2 and #3). Three tenants did not have service plans that reflected the identified needs of the tenants. 1. Tenant #1, a 95 year old, was admitted on 11-3-15 and diagnoses included: legal blindness, macular degeneration, psychophysical visual disturbances, hypertension (HTN), osteoarthritis, cerebral aneurysm, migraines, constipation and urinary tract infection (UTI). According to a Program document, on 11-5-15 Ciprofloxacin 500 milligram, twice daily for 10 days was ordered. Nurse's Notes dated 11-6-15 indicated Tenant #1 continued on oral antibiotics for a UTI and no adverse signs or symptoms were noted. Nurse's Notes dated 11-15-15 indicated the last dose of the antibiotic for the UTI was administered. According to a Health Status Assessment document dated 12-3-15, Tenant #1 had a 10 day course of antibiotics started on 11-6-15 for a UTI. Tenant #1 took Bactrim daily as a prophylactic against UTIs. The service plan did not reflect Tenant #1 had a UTI and the antibiotic therapy. The service plan also did not reflect Tenant #1 took Bactrim daily as a prophylactic. According to a Program document dated 11-2-15, an order was received to admit Tenant #1 to the Program (from the attached nursing facility) on 11-3-15 with the same medications and treatments and physical therapy/occupancy therapy (PT/OT) to evaluate and treat. The 11-3-15 service plan did not include the orders	A 089		

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A 089	Continued From page 2 for PT/OT. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, a 97 year old, was admitted on 9-19-15 and diagnoses included: dementia, chronic right knee pain and orthostatic hypotension. Tenant #2 was staged at a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. According to the ALP Entrance Form, Tenant #2 was identified as a tenant who wandered throughout the Program. The service plan did not reflect Tenant #2's wandering behavior and interventions related to the behavior. According to a Health Status Assessment document dated 1-15-16, Tenant #2 received PT/OT services from 9-24-15 to 11-25-15 to reduce right knee pain and improve gait. The service plan did not reflect the initiation or discontinuation of PT/OT services. The service plan did not reflect the identified of Tenant #2. 3. Tenant #3, an 82 year old, was admitted on 5-27-15 and diagnoses included: unspecified persistent mental disorder, major depressive disorder, anxiety, HTN and hyperlipidemia. Tenant #3 resided in the dementia unit. According to a Health Status Assessment document dated 12-17-15, Tenant #3 was normally independent with all cares. The Program administered medications and treatments per physician orders. On 12-1-15, while out with Tenant #3's family, Tenant #3 fell in a parking lot and was taken to the emergency room (ER) for evaluation. Tenant #3 had x-rays	A 089		

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A 089	Continued From page 3 related to having hip, elbow and shoulder pain. Tenant #3 returned to the Program on 12-2-15 with no fractures and an order was received for PT/OT to evaluate and treat. Tenant #3 returned from the ER with an order for Percocet but did not want to take it and it was discontinued on 12-9-15. Tenant #3 asked for assistance with activities of daily living (ADLs) as needed. Tenant #3 went for a follow up appointment on 12-16-15 and returned with a clinical note that indicated Tenant #3 had a left radial head fracture (elbow) and a left acetabulum fracture. Therapy had recommended and treated Tenant #3 by having Tenant #3 in a wheelchair, not bearing weight and assistance with transfers. Staff assisted with transfers, dressing and undressing. The service plan did not reflect the fractures and increased care needs for Tenant #3. The service plan did not reflect the identified needs of Tenant #3. 4. According to the Program's policy and procedure regarding service plans, a service plan would be developed in coordination with the tenant's functional, cognitive and health evaluations that would be conducted prior to occupancy, updated within 30 days after occupancy, when a significant health condition was noted but not less than annually. The service plan would be individualized and would indicate, at a minimum: the tenant's identified needs and preferences for assistance.	A 089		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or	A 121		

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A 121	Continued From page 4 contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on review of staff files, a staff interview and review of Program documents the Program failed to provide eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract for all personnel employed by or contracting with a dementia-specific program for three of three staff files reviewed (Staff A, B and C). Three staff who worked in the dedicated dementia unit, did not have eight hours of dementia-specific education and training within 30 days of employment. 1. Staff A, a certified nursing assistant (CNA), was hired on 5-16-15. According to a Program document, Staff A had eight hours dementia-specific training completed on 1-28-16 and 1-31-16. Although Staff A had eight hours of dementia-specific education, the training was not completed within 30 days of employment. Staff A did not have eight hours of dementia-specific training completed within 30 days of employment. 2. Staff B, a CNA, was hired on 8-28-15. According to a Program document, Staff B had one hour dementia-specific training completed on 9-10-15. The remaining required hours of dementia-specific education were not completed. Staff B did not have eight hours	A 121		

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A 121	Continued From page 5 dementia-specific training completed within 30 days of employment. 3. Staff C, a CNA a certified medication aide, was hired on 1-12-15. According to a Program document, Staff C had five and one-half hours of dementia-specific training completed on 1-12-16 and 1-14-16. The remaining required hours of dementia-specific education were not completed. Staff C did not have eight hours of dementia-specific training completed within 30 days of employment. 4. According to an interview with the Director of Nursing, Staff A, B and C worked in the dedicated dementia unit. 5. According to the Program's policy and procedure regarding staffing and staff training, all staff employed in the dementia specific program would receive a minimum of eight hours of dementia-specific education and training prior to or within 30 days of employment.	A 121		

PIONEER PARK
415 East Pioneer Road
Lone Tree, Iowa 52755
Phone: 319-629-4255

March 7,2016

Rose Boccella
Program Coordinator, Adult Services Bureau
Iowa Department of Inspections and Appeals
Health Facilities Division
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

Dear Rose:

Enclosed you will find Pioneer Place, Assisted Living report and the required plan of correction from our recent final recertification monitoring evaluation survey conducted on February 15, 2016.

The facilities plan of correction is completed as a requirement of regulation and should not be constructed as an admission of guilt of the cited deficiencies.

Please feel free to contact me if you have any questions or concerns regarding my plan of correction or any other issues.

Thank you for your assistance with this process

Sincerely

Chris Wolf
Administrator

PIONEER PARK
501 EAST PIONEER ROAD
LONE TREE, IOWA 52722
Phone: 319-629-4255

A 089 Service Plans Date of Completion March 15, 2016

The service plan is individualized for each tenant and does indicate; at a minimum the tenants identified needs and preferences for assistance.
Service plans were reviewed and revised to reflect needs of the tenants. This was done by the social worker and delegating RN.
Service plans will be reviewed every 90 days with health assessments and updated as needed at that time to ensure the current needs are reflected.

A121 Dementia Specific Education for Personnel Date of Completion March 15, 2016

All personnel employed by or contracting with a dementia-specific program does receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.

Staff A, B and C has completed 8 hours of dementia training since February 15, 2016. Review of CE Solutions on-line educational program, used by the facility for in-services found that Staff A,B and C has completed 8 hours of dementia training in 2016. Hands-on education will also be provided to these staff members and any additional staff by the nurse delegator or facility social worker related to tenants in our program.

Any additional staff that work or relieve staff on this assisted living memory care have also received 8 hours of dementia training. A new staff orientation program has been designed to include 8 hours of dementia-specific training on all staff hired to work in the assisted living dementia area. Every payroll the office manager will print off all staff CE Solutions training programs completed since the last payroll. This print off will be given to the administrator to review to ensure staff have complete their training within the 30 days.

The Director of Nursing has been informed that no staff members will be scheduled in our assisted living memory care area until this training is completed. Compliance will be monitored by the Administrator and Director of Nursing.

Chris Wolf, Administrator