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

DEMAND LETTER
Complaint Intake #:
56905-I
57310-I

January 26, 2016

Ms. Rebecca Wolf, Administrator
WelCov at Alta
705 W. 7th Street
Alta, IA 51002

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - WELCOV AT ALTA
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Wolf:

I. Final Complaint/Incident Investigation Report – WelCov at Alta, Alta, IA

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued 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 12 & 13, 2016.** The Report notes Regulatory Insufficiencies in the area(s) of: Staffing, Evaluation of Tenant, Service Plans and Nurse Review.

WelCov of Alta ("Program") is being assessed a **$3,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(a), (b) and 481 IAC 67.17(1)(a), (b).

Pursuant to Iowa Code section 231C.14(1)(a), (b) and 481 IAC rule 67.17(1)(a), (b), a program's noncompliance that results in imminent danger or a substantial probability of resultant death or physical harm to a tenant may be assessed a civil penalty of not more than $10,000 and for the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The determination of a **$3,000 civil penalty** is based upon noncompliance resulting in imminent danger or substantial probability of resultant death or physical harm and for repeated Regulatory Insufficiencies in the areas of: Service Plans. As the enclosed Report details, the Program failed to provide for the needs of a tenant. The tenant eloped and was later hospitalized with hypothermia.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **one thousand nine hundred and fifty dollars ($1,950)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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.

IV. Conclusion

The Program is being assessed a **$3,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(a), (b) and 481 IAC 67.17(1)(a), (b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0096	A. BUILDING: _____ B. WING _____	C 01/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV ASSISTED LIVING AT ALTA	705 W 7TH ST ALTA, IA 51002

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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: 36 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 39 TOTAL census of Assisted Living Program: 39 The following regulatory insufficiencies were cited during the investigation of Incidents #56905-I and #57310-I	A 000		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants ' identified needs. This REQUIREMENT is not met as evidenced by: Based on tenant file review, incident report review, and interview, a sufficient number of trained staff was not available to meet a tenant's needs. On 12-8-15, the Program reported Tenant #1 eloped. 1. Tenant #1, an 88 year-old, was admitted on 1-6-12 and had diagnoses of: mental disorder,	A 055	Community will have a schedule in at all times for scheduled staff. Staffing will be in place to meet the needs of the residents. DHS will complete weekly audits x 3 months to ensure staffing is sufficient to meet the needs of the residents. Staffing will be reviewed 5x/week at the community Quality Conference. Resident Council will be held monthly and residents will be asked if there are sufficient staff in place to meet their needs. An all staff in-service will be completed on March 2, 2016 to review resident needs, communication of resident needs and scheduling. Results of the audits and resident council minutes will be reviewed by the community Executive Director monthly x 3 for review and recommendations.	4/11/16

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A 055	Continued From page 1 arthropathy, and diabetes. On 7-9-15 the Program Nurse completed evaluations of function, cognition and health. A cognitive screening tool, the mental status questionnaire, was used. Based on the score on the screening tool, Tenant #1 was determined to be staged at three on the global deterioration scale which indicated moderate cognitive impairment. Tenant #1's file contained documentation from a hospital emergency room dated 9-19-15 which indicated Tenant #1 had been diagnosed with convulsions during the visit. The discharge materials included a list of Tenant #1's medications which included escitalopram, an antidepressant; galantamine, an anti-Alzheimer agent; and memantine, an anti-Alzheimer agent. A handwritten progress note dated 9-20-15, documented on 9-19-15 Tenant #1 went into the dining room in underwear to eat breakfast. After being returned to the apartment, Tenant #1 reported needing to "find my 3 babies." Tenant #1 was taken to the hospital "to be checked out" and returned to the Program the same day. A handwritten progress note dated 10-26-15 documented Tenant #1's family member voiced concerns about Tenant #1's increased confusion and agitation in the evenings. According to the note, the Universal Worker explained to the family member what "sundowners" was and how it affected persons with dementia and Alzheimer's. The note documented the family member wanted the Program to "keep an eye on" Tenant #1. A computerized progress note dated 11-16-15 documented staff reported on 11-15-15 at 0230	A 055		

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A 055	Continued From page 2 (2:30 a.m.) Tenant #1 was opening exit doors and setting off alarms. Tenant #1 was more disoriented. The progress note dated 11-18-15, documented Tenant #1 had been to the doctor and the dosage of escitalopram had been increased. The Program provided a staff communication dated 11-16-15, which indicated the RN advised the staff of Tenant #1's periodic confusion and attempt to exit. Staff was told to watch Tenant #1 for exit-seeking. The communication did not give specific direction as to how or how often Tenant #1 was to be observed. An incident report dated 12-2-15 and timed 7:30 a.m., documented Tenant #1 walked out the front door. Staff followed after Tenant #1. Staff stated and Tenant #1 confirmed it was cold outside. Tenant #1 was told a coat was needed. Tenant #1 followed staff back into the building. An electronic progress note dated 12-2-15 and timed 11:15 a.m., documented a staff member heard someone yelling and opened the door to Tenant #1's apartment. Tenant #1 was found on the floor, oriented to person only. Tenant #1 was waiting for the spouse. It was documented the spouse was deceased. Documentation reported Tenant #1 was confused. The Program provided a staff communication dated 12-2-15, which advised staff that Tenant #1 attempted to go out the front door without a coat and later fell in the apartment. The staff was advised to keep watch on Tenant #1 and notify the nurse if anything out of the ordinary happened. The communication did not give specific direction as to how or how often Tenant	A 055		

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A 055	Continued From page 3 #1 was to be observed. An electronic progress note dated 12-3-15 and timed 2:25 p.m. documented the doctor's office had called to discuss the fall. The note stated "they believe it is simply part of the disease process" of dementia, "they would just like us to keep an eye" on Tenant #1 and keep Tenant #1 safe. An electronic progress note dated 12-3-15 and timed 2:30 p.m., documented Tenant #1's family had called. The family requested the Program monitor Tenant #1 throughout the day and keep Tenant #1 safe. The Registered Nurse (RN) was interviewed on 1-12-16 and stated tenants were checked on routinely unless the tenant declined the check. Staff B, Universal Worker, was interviewed on 1-12-16 at 2:39 p.m. and stated on several occasions Tenant #1 came to the nurse's station and wanted to find children or spouse. Tenant #1 was directed back to the apartment. Staff B confirmed rounds were made every two hours. Staff C, Universal Worker, was interviewed on 1-12-16 at 3:07 p.m. and stated Tenant #1 usually walked around stating the need to go home. Tenant #1 had a purse and sweater and wanted to leave to go to church during the nighttime hours. Tenant #1 became upset when Staff C told Tenant #1 it was nighttime. Regularly Tenant #1 walked around with a purse and looked out the window. The Program provided documentation of overnight rounding on the overnight shift	A 055		

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A 055	Continued From page 4 beginning 12-7-15 at 10:00 p.m. The following was documented for Tenant #1: 10 p.m.-up dressed; midnight-up dressed; 2 am-sleeping, 4 am-missing. Staff A Universal Worker was interviewed on 1-12-16 at 2:50 p.m. and stated she was working the overnight shift which began on 12-7-15. Staff A stated during the checks at one point Tenant #1 was standing with a sweater on, and holding a blanket. At 4:00 a.m., Tenant #1 was gone. A search of the building was started, the Administrator, RN, and family were notified. Tenant #1 left the building without a walker for assistance. The Administrator provided a written statement dated 12-8-15 which documented she was notified Tenant #1 was missing at approximately 4:38 a.m. on 12-8-15. The Administrator confirmed with staff a search of the building had been completed and the police and family had been notified. A search was begun outside the building. The family arrived and reported a quilt was missing from Tenant #1's apartment. The RN was interviewed on 1-13-16 at 9:20 a.m. The RN stated she came to the Program after being notified of the elopement and checked the exit doors. The RN reported the alarm on the exit door near the beauty shop was not functioning. The RN stated the Program was not a dementia unit and the doors were alarmed for security reasons. Alarms were to notify staff of persons entering the building. Tenants were not restricted from leaving the building. The Administrator confirmed in interview on 1-12-16 at 1:30 p.m. there had been an issue	A 055		

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A 055	Continued From page 5 with the door near the beauty shop. The Administrator reported the building had been hit by lightning during October 2015. A repair company had been called and it was believed all issues related to the lightning strike had been repaired prior to the elopement. Following the elopement, a door company was contacted and indicated to the Administrator the function of the alarm on the door by the beauty shop may have been affected by the lightning strike. The Administrator provided a written statement dated 12-11-15 which documented staff had knowledge of ongoing problems with the door alarm which the Administrator had not been aware. Staff B was interviewed on 1-12-16 at 2:39 p.m. and stated she began working at the Program in November 2015. The door alarm near the beauty shop had not been working since she began working at the Program. At approximately 5:30 a.m. the Administrator was notified Tenant #1 was found. During interview on 1-12-16 at 10:30 a.m. the Administrator stated Tenant #1 was found about one block from the Program on a dead-end street. Tenant #1 was lying on the ground with head on the curb, covered with a blanket. A sewing kit was nearby. According to the Administrator, the family reported the sewing kit was placed on the ground and Tenant #1 did not appear to have fallen. In an interview with the RN on 1-12-16 at 9:00 a.m. she stated when Tenant #1 returned to the Program, his/her hands were cold and Tenant #1 complained of being cold. Tenant #1 was dressed with shoes, sweater, baby blanket,	A 055		

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A 055	Continued From page 6 pants, and shirt. The RN reported no evaluations were completed. The RN reported Tenant #1, when asked, did not have a reason for leaving the building. Tenant #1 was talking and was just cold. Electronic progress notes dated 12-8-15 documented Tenant #1 was transported to the hospital due to the inability to stand without assistance. The hospital admission history and physical dated 12-8-15 documented Tenant #1 was admitted with hypothermia due to outside exposure. It was documented a family member found Tenant #1 laying in a snow bank. Tenant #1 did not respond to the family member except to report "freezing." Ambulance staff reported Tenant #1 could not bear weight. Tenant #1 had a body temperature of 97.1 degrees Fahrenheit. Tenant #1's hemoglobin was 16.3 (high) and hematocrit was 51.2 (high). The potassium level was 3.2 (low). Tenant #1 was admitted to emergency level of care at the hospital due to high risk for acute deterioration in health status related to trauma with a risk factor of electrolyte imbalance (low potassium). The treatment plan included warming and hydrating Tenant #1 and intravenous potassium. The State Climatologist reported the weather data for the Storm Lake airport, the nearest reporting station to Alta, on 12-8-15 between 2:00 a.m. and 5:30 p.m. The skies were clear with temperatures fluctuating between 36 and 39 degrees. Winds were blowing between seven and 12 miles per hour creating wind chills from	A 055		

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A 055	Continued From page 7 29 to 32 degrees. There had been a big snowfall on 11-30 to 12-1-15. Most of the snow had melted by the morning of 12-8-15; however, there would have been patches of snow remaining on the ground and piles where snow plows had pushed earlier snow. The monitor exited the Program on 1-13-16 and observed the street where Tenant #1 was reported to be found. Snow was observed to have been plowed up along the sides of the street and at the end of the end of the dead-end street. Using an online maps program, the distance from the Program to the street where Tenant #1 was located was between 600 and 700 feet. The specific location along the street where Tenant #1 was found was unknown. When discharged from the hospital, Tenant #1 was to go to a higher level of care. Tenant #1 did not return to the Program.	A 055		
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	A 037	1. RN will assess tenant within 30 days of occupancy, quarterly, annually, and with all significant changes in condition. RN will evaluate tenant's functional, cognitive, and health status at those times. This assessment will occur in PointClickCare, using the Senior Living Assessment. All staff will be educated by 3/11/16 on tenant identification/reporting potential change of conditions. These tenants will be discussed on every shift at the community's quality conference held 5 times a	

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A 037	Continued From page 8 practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on record review, evaluations were not completed with a significant change of condition. 1. Tenant #1, an 88 year-old, was admitted on 1-6-12 and had diagnoses of: mental disorder, arthropathy, and diabetes. On 7-9-15 the Program Nurse completed evaluations of function, cognition and health. A cognitive screening tool, the mental status questionnaire, was used. Based on the score on the screening tool, Tenant #1 was determined to be staged at three on the global deterioration scale which indicated moderate cognitive impairment. Tenant #1's file contained documentation from a hospital emergency room dated 9-19-15 which indicated Tenant #1 had been diagnosed with convulsions during the visit. The discharge materials included a list of Tenant #1's medications which included escitalopram, an antidepressant; galantamine, an anti-Alzheimer agent; and memantine, an anti-Alzheimer agent. A handwritten progress note dated 9-20-15 documented on 9-19-15 Tenant #1 went into the dining room in underwear to eat breakfast. After being returned to the apartment, Tenant #1 reported needing to "find my 3 babies." Tenant #1 was taken to the hospital "to be checked out" and returned to the Program the same day.	A 037	week. RN will prepare a spreadsheet with all current tenants with their move-in dates, and will review those dates at the end of each month to prepare for the next month's evaluations to be completed. The community's quality conference will address any changes in resident conditions from the previous meeting and the RN will follow up after the meeting to determine if a significant change has occurred.	4/11/16

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A 037	Continued From page 9 A "Sr. Level of Care" evaluation was completed on 10-11-15 which documented Tenant #1 did not look for people, places, or things such as a former house or a bus. Tenant #1 was not an elopement risk. A handwritten progress note dated 10-26-15 documented Tenant #1's family member voiced concerns about Tenant #1's increased confusion and agitation in the evenings. According to the note, the Universal Worker explained to the family member what "sundowners" was and how it affected persons with dementia and Alzheimer's. The note documented the family member wanted the Program to "keep an eye on" Tenant #1. A computerized progress note dated 11-16-15 documented staff reported on 11-15-15 at 0230 (2:30 a.m.) Tenant #1 was opening exit doors and setting off alarms. Tenant #1 was more disoriented. The progress note dated 11-18-15 documented Tenant #1 had been to the doctor and the dosage of escitalopram had been increased. The Program provided a staff communication dated 11-16-15 which indicated the RN advised the staff of Tenant#1's periodic confusion and attempt to exit. Staff was told to watch Tenant #1 for exit-seeking. The communication did not give specific direction as to how or how often Tenant #1 was to be observed. An incident report dated 12-2-15 and timed 7:30 a.m. documented Tenant #1 walked out the front door. Staff followed after Tenant #1. Staff stated and Tenant #1 confirmed it was cold outside. Tenant #1 was told a coat was needed. Tenant	A 037		

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(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 037	Continued From page 10 #1 followed staff back into the building. An electronic progress note dated 12-2-15 and timed 11:15 a.m. documented a staff member heard someone yelling and opened the door to Tenant #1's apartment. Tenant #1 was found on the floor, oriented to person only. Tenant #1 was waiting for the spouse. It was documented the spouse was deceased. Documentation reported Tenant #1 was confused. The Program provided a staff communicated dated 12-2-15 which advised staff that Tenant #1 attempted to go out the front door without a coat and later fell in the apartment. The staff was advised to keep watch on Tenant #1 and notify the nurse if anything out of the ordinary happened. The communication did not give specific direction as to how or how often Tenant #1 was to be observed. An electronic progress note dated 12-3-15 and timed 2:25 p.m. documented the doctor's office had called to discuss the fall. The note stated "they believe it is simply part of the disease process" of dementia, "they would just like us to keep an eye" on Tenant #1 and keep Tenant #1 safe. An electronic progress note dated 12-3-15 and timed 2:30 p.m. documented Tenant #1's family had called. The family requested the Program monitor Tenant #1 throughout the day and keep Tenant #1 safe. Staff B, Universal Worker, was interviewed on 1-12-16 at 2:39 p.m. and stated on several occasions Tenant #1 came to the nurse's station and wanted to find children or spouse. Tenant #1	A 037		

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
	S0096	A. BUILDING: _____ B. WING _____	C 01/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV ASSISTED LIVING AT ALTA	705 W 7TH ST ALTA, IA 51002

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A 037	Continued From page 11 was directed back to the apartment. Staff C, Universal Worker, was interviewed on 1-12-16 at 3:07 p.m. and stated Tenant #1 usually walked around stating the need to go home. Tenant #1 had a purse and sweater and wanted to leave to go to church during the nighttime hours. Tenant #1 became upset when Staff C told Tenant #1 it was nighttime. Regularly Tenant #1 walked around with a purse and looked out the window. Staff A Universal Worker was interviewed on 1-12-16 at 2:50 p.m. and stated she was working the overnight shift which began on 12-7-15. Staff A stated during the checks at one point Tenant #1 was standing with a sweater on, and holding a blanket. At 4:00 a.m., Tenant #1 was gone. A search of the building was started, the Administrator, RN, and family were notified. Tenant #1 left the building without the walker for assistance. Tenant #1 eloped from the Program. Tenant #1 exhibited exit-seeking behavior following the level of care evaluation on 10-11-15 and prior to the elopement of 12-8-15. Evaluations were not completed with a significant change of condition.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are	A 083		

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
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A 083	Continued From page 12 needed. This REQUIREMENT is not met as evidenced by: Based on record review, the service plan was not updated with changed to meet the specific service needs of tenants. 1. Tenant #1, an 88 year-old, was admitted on 1-6-12 and had diagnoses of: mental disorder, arthropathy, and diabetes. On 7-9-15 the Program Nurse completed evaluations of function, cognition and health. A cognitive screening tool, the mental status questionnaire, was used. Based on the score on the screening tool, Tenant #1 was determined to be staged at three on the global deterioration scale which indicated moderate cognitive impairment. Tenant #1's file contained documentation from a hospital emergency room dated 9-19-15 which indicated Tenant #1 had been diagnosed with convulsions during the visit. The discharge materials included a list of Tenant #1's medications which included escitalopram, an antidepressant; galantamine, an anti-Alzheimer agent; and memantine, an anti-Alzheimer agent. A handwritten progress note dated 9-20-15 documented on 9-19-15 Tenant #1 went into the dining room in underwear to eat breakfast. After being returned to the apartment, Tenant #1 reported needing to "find my 3 babies." Tenant #1 was taken to the hospital "to be checked out" and returned to the Program the same day.	A 083	RN will complete Service Plans for all current tenants. Service Plans will be completed in PointClickCare and stored electronically. Service Plans will be updated with each assessment and such service plan will be designed to meet the current needs of the tenant. RN will update Service Plans at least annually, but also with changes in condition. RN was educated by the Director of Clinical Services (Cal Lout, RN) on 1/27/16 regarding completing service plans and the content of those plans. The Director of Clinical Services will complete 3 service plan audits monthly,for 3 months to ensure compliance with A 083. Any issues with service plans will be directed to the community RN and Executive Director.	3/11/16

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A 083	Continued From page 13 A handwritten progress note dated 10-26-15 documented Tenant #1's family member voiced concerns about Tenant #1's increased confusion and agitation in the evenings. According to the note, the Universal Worker explained to the family member what "sundowners" was and how it affected persons with dementia and Alzheimer's. The note documented the family member wanted the Program to "keep an eye on" Tenant #1. A computerized progress note dated 11-16-15 documented staff reported on 11-15-15 at 0230 (2:30 a.m.) Tenant #1 was opening exit doors and setting off alarms. Tenant #1 was more disoriented. The progress note dated 11-18-15 documented Tenant #1 had been to the doctor and the dosage of escitalopram had been increased. The Program provided a staff communication dated 11-16-15 which indicated the RN advised the staff of Tenant #1's periodic confusion and attempt to exit. Staff was told to watch Tenant #1 for exit-seeking. The communication did not give specific direction as to how or how often Tenant #1 was to be observed. An incident report dated 12-2-15 and timed 7:30 a.m. documented Tenant #1 walked out the front door. Staff followed after Tenant #1. Staff stated and Tenant #1 confirmed it was cold outside. Tenant #1 was told a coat was needed. Tenant #1 followed staff back into the building. An electronic progress note dated 12-2-15 and timed 11:15 a.m. documented a staff member heard someone yelling and opened the door to Tenant #1's apartment. Tenant #1 was found on	A 083		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 083	Continued From page 14 the floor, oriented to person only. Tenant #1 was waiting for the spouse. It was documented the spouse was deceased. Documentation reported Tenant #1 was confused. The Program provided a staff communication dated 12-2-15 which advised staff that Tenant #1 attempted to go out the front door without a coat and later fell in the apartment. The staff was advised to keep watch on Tenant #1 and notify the nurse if anything out of the ordinary happened. The communication did not give specific direction as to how or how often Tenant #1 was to be observed. An electronic progress note dated 12-3-15 and timed 2:25 p.m. documented the doctor's office had called to discuss the fall. The note stated "they believe it is simply part of the disease process" of dementia, "they would just like us to keep an eye" on Tenant #1 and keep Tenant #1 safe. An electronic progress note dated 12-3-15 and timed 2:30 p.m. documented Tenant #1's family had called. The family requested the Program monitor Tenant #1 throughout the day and keep Tenant #1 safe. The Registered Nurse (RN) was interviewed on 1-12-16 and stated tenants were checked on routinely unless the tenant declined the check. Staff B, Universal Worker, was interviewed on 1-12-16 at 2:39 p.m. and stated on several occasions Tenant #1 came to the nurse's station and wanted to find children or spouse. Tenant #1 was directed back to the apartment. Staff B confirmed rounds were made every two hours.	A 083		

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A 083	Continued From page 15 Staff C, Universal Worker, was interviewed on 1-12-16 at 3:07 p.m. and stated Tenant #1 usually walked around stating the need to go home. Tenant #1 had a purse and sweater and wanted to leave to go to church during the nighttime hours. Tenant #1 became upset when Staff C told Tenant #1 it was nighttime. Regularly Tenant #1 walked around with a purse and looked out the window. Staff A Universal Worker was interviewed on 1-12-16 at 2:50 p.m. and stated she was working the overnight shift which began on 12-7-15. Staff A stated during the checks at one point Tenant #1 was standing with a sweater on, and holding a blanket. At 4:00 a.m., Tenant #1 was gone. A search of the building was started, the Administrator, RN, and family were notified. Tenant #1 left the building without the walker for assistance. Tenant #1 eloped from the Program. The service plan dated 7-9-15 and current at the time of the elopement was not updated after Tenant #1 wanted to find children or the deceased spouse. The service plan was not updated after Tenant #1 exhibited exit-seeking behavior. The service plan was not updated following the 10-26, 11-16, 12-2, and 12-3-15 concerns by family and physician for monitoring for behaviors. The service plan was not updated with specific interventions related to identified needs of Tenant #1 with a change of condition.	A 083		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans.	A 084		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 084	Continued From page 16 69.26(2) Prior to the tenant ' s signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant ' s request, with other individuals identified by the tenant, and, if applicable, with the tenant ' s legal representative. All persons who develop the plan and the tenant or the tenant ' s legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on record review, tenants or legal representative did not sign service plans. 1. Tenant #1, an 88 year-old, was admitted on 1-6-12 and had diagnoses of: mental disorder, arthropathy, and diabetes. On 7-9-15 the Program Nurse completed evaluations of function, cognition and health. A cognitive screening tool, the mental status questionnaire, was used. Based on the score on the screening tool, Tenant #1 was determined to be staged at three on the global deterioration scale which indicated moderate cognitive impairment. The Program reported Tenant #1 eloped from the Program. The service plan dated 7-9-15 and current at the time of the elopement was not signed by Tenant #1 or legal representative. 2. Tenant #2, an 89 year-old, was admitted on 3-10-11 and had diagnoses of: hypertension, anxiety, asthma and cervical disc degeneration.	A 084	RN will have all Service Plans signed by tenant or tenant representative. The Service Plans will also be signed by the Service Coordinator, Facility Director, and Activities Director. A preliminary service plan is to be completed for all new tenants before they sign Occupancy Agreement and move it. This plan will also be signed by tenant or tenant representative, Service Coordinator, Facility Director, and Activities Director. The community Executive Director will monitor compliance with service plan signatures.	4/11/16

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A 084	Continued From page 17 The Program reported Tenant #2 was missing medications. The service plan dated 6-12-15 and current at the time of the onsite visit was not signed by Tenant #2.	A 084		
A 096	481-69.27(3) 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(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 the tenant ' s health status This REQUIREMENT is not met as evidenced by: 1. Tenant #1, an 88 year-old, was admitted on 1-6-12 and had diagnoses of: mental disorder, arthropathy, and diabetes. On 7-9-15 the Program Nurse completed evaluations of function, cognition and health. A cognitive screening tool, the mental status questionnaire, was used. Based on the score on the screening tool, Tenant #1 was determined to be staged at three on the global deterioration scale which indicated moderate cognitive impairment. Tenant #1's file contained documentation from a	A 096		

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A 096	Continued From page 18 hospital emergency room dated 9-19-15 which indicated Tenant #1 had been diagnosed with convulsions during the visit. The discharge materials included a list of Tenant #1's medications which included escitalopram, an antidepressant; galantamine, an anti-Alzheimer agent; and memantine, an anti-Alzheimer agent. A computerized progress note dated 11-16-15 documented staff reported on 11-15-15 at 0230 (2:30 a.m.) Tenant #1 was opening exit doors and setting off alarms. Tenant #1 was more disoriented. The progress note dated 11-18-15 documented Tenant #1 had been to the doctor and the dosage of escitalopram had been increased. A nurse review was not completed following an increase in the dosage of escitalopram to assess and document the health status of Tenant #1 with a change of condition. 2. Tenant #2, an 89 year-old, was admitted on 3-10-11 and had diagnoses of: hypertension, anxiety, asthma and cervical disc degeneration. The service plan dated 6-12-15 took medications or required monitoring and assistance with medications. On 1-8-16 the Program reported four hydrocodone tablets for Tenant #2 were missing from the locked narcotics drawer. The Program completed an internal investigation and tightened narcotic practices. Electronic progress notes dated 11-2-15 through 1-12-16 documented staff administered "as needed" medication and staff documented the effectiveness of the medication. Notes of 11-4 and 11-11-15 documented Tenant #2 took	A 096	RN is to prepare a 90 Day Nurse Review for each tenant, 90 days from their move in date. Nurse reviews will also be prepared when there is a significant change in condition noted, a change in medication, or in conjunction with doctor's orders, which will include a health assessment and recommendations as appropriate. RN will follow up with progress notes regarding services that were recommended.	4/11/16

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A 096	Continued From page 19 medication as needed for neck and shoulder pain. Tenant #2 received health-related care. A nurse review was not completed every 90 days to assess and document Tenant #2's health status and to monitor progress related to the use of "as needed" pain medications and neck and shoulder pain. Handwritten progress notes for Tenant #2 dated 9-4-15 at 8:00 a.m. documented Tenant #2 had abdominal pain and had been "feeling awful" for a couple days. Notes dated 9-4-15 and timed 11:15 a.m. documented Tenant #2 was prescribed an antibiotic for 10 days for diverticulitis. A nurse review was not completed to assess and document Tenant #2's health status and to monitor progress following the completion of the antibiotic Handwritten progress notes for Tenant #2 dated 9-14-15 documented Tenant #2 had surgery. The progress notes documented a surgical dressing was to be removed the following day and the surgical site was to be observed for sign of infection. The notes did not contain a nurse review to document the type of surgery or an assessment of the surgical area. Handwritten progress notes for Tenant #2 dated 10-12-15 documented a pimple on the neck was infected and an antibiotic was prescribed. A nurse review was not completed to monitor progress and assess and document the health status once the antibiotic was completed. Handwritten progress notes for Tenant #2 dated 11-4-15 documented a swollen elbow and an	A 096		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 096	Continued From page 20 antibiotic for 10 days. A nurse review was not completed to monitor progress and assess and document health status once the antibiotic was completed	A 096		

Welcov Assisted Living of Alta

TITLE/AREA TO MONITOR __A 083 Service Plans **Date_____**

Instructions:___Audit 3 service plans per month x 3 mo. *Sample selection: _Service Plans_*
Responsible: Director of Clinical Services

QA & A Audit Form

ITEM OR INDICATOR	*Sample # 1* ____ Yes	No	*Sample # 2* ____ Yes	No	*Sample # 3* ___ Yes	No	*Sample # 4* ___ Yes	No
Audit 3 service plans to ensure they are thorough and complete to meet the needs of the residents / care needs.								

Comments: For ANY "NO" response or negative finding: a corrective plan needs to be stated below.

Summary of findings:

_____

_____

_____

_____

Completed by_____

Welcov Assisted Living at Alta

TITLE/AREA TO MONITOR __A 055_ / A096_ **Date**

_____

Instructions:___Audit resident conditons to ensure appr. f/u is completed timely. *Sample selection: Residents with change in condition / health status changes.*

Responsible: Executive Director or designee

QA & A Audit Form

ITEM OR INDICATOR	*Sample # 1* ___ Yes	No	*Sample # 2* ___ Yes	No	*Sample # 3* ___ Yes	No	*Sample # 4* ___ Yes	No
Review resident change in conditions and any issues at the community Quality Conference Meeting 5x/week. Were change in conditions and issues followed up on by RN? Action taken if necessary? Re-assessment and documentation completed if needed, including a progress note and service plan update?								
Any residents w/ pain reports? Discuss at Quality Conference. Audit RN f/u to the pain report, was an assessment completed and documented? f/u with physician as needed? Service plan updated?								

Comments: For ANY "NO" response or negative finding: a corrective plan needs to be stated below.

Summary of findings:

_____

Welcov Assisted Living at Alta

_____

_____

_____

Completed by_____