IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 28, 2016

Mr. Tim Nausler, Administrator
Elm Crest Retirement Community
2104 12th Street
Harlan, IA 51537

RE: Final Recertification Monitoring Evaluation Report – Elm Crest Retirement Community, Harlan, IA

Dear Mr. Nausler:

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 **March 21, 2016.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plans and Nurse Review.

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
	S0059	A. BUILDING: _____ B. WING _____	03/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM CREST RETIREMENT COMM	2108 12TH STREET HARLAN, IA 51537

(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: 28 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 31 TOTAL census of Assisted Living Program: The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant ' s functional, cognitive and health status prior to the tenant ' s signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant ' s eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant ' s mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be	A 036		

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A 036	Continued From page 1 conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on record review and interview, initial evaluations of function and health were not completed by a health care professional or human services professional. 1. Tenant #3, a 78 year-old, was admitted on 11-20-15 and had diagnoses of: Parkinson's Disease, osteoporosis, and dementia. The initial evaluations of function and health, dated 11-17-17 were signed by the Licensed Practical Nurse (LPN)/Director. In an interview with the LPN/Director on 3-21-16, the LPN/Director stated she completed the functional and health evaluations. The cognitive evaluation was completed by a social worker. 2. Tenant #5, a 97 year-old, was admitted on 9-5-15 and had diagnoses of: spinal stenosis, hypothyroidism, and neuromuscular dysfunction of the bladder. The initial evaluations of function and health, dated 8-28-15, were signed by the LPN/Director. In an interview with the LPN/Director on 3-21-16, the LPN/Director stated she completed the functional and health evaluations of 8-28-15.	A 036		
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	A 083		

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A 083	Continued From page 2 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 needed. This REQUIREMENT is not met as evidenced by: Based on record review and interview, service plans did not meet identified needs of the tenants, and were not based on evaluations. 1. Tenant #1, an 89 year-old, was admitted on 1-12-16 and had diagnoses of: diabetes, hypertension, anemia, history of falls, and vitamin deficiency. Evaluations of function and health were completed on 2-15-16 and identified as 30-day evaluations. The service plan was updated and signed on 2-12-16 and identified as the 30-day service plan. The service plan was updated and signed prior to the completion of the evaluations, which were completed on 2-15-16. The service plan of 2-12-16 was not based on evaluations. The functional evaluation dated 1-11-16, 1-12-16, and 2-15-16 documented Tenant #1 was independent with medications. The service plan signed 1-11-16, 1-12-16 and 2-12-16 documented an entry 1-11-16 which indicated the Program administered medications to Tenant #1. The clinical record contained medication administration records for Tenant #1.	A 083		

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A 083	Continued From page 3 The service plan for Tenant #1 was not based on evaluations. 2. Tenant #3, a 96 year-old, was admitted on 2-15-14 and had diagnoses of: dementia, hypothyroidism, and hypertension. Tenant #3 was staged at five on the global deterioration scale which indicated moderately severe cognitive decline. The clinical record contained a service plan signed 3-17-16. Evaluations of function and health were completed on 3-18-16. The evaluations were completed after the service plan. The service plan was not based on evaluations. 3. Tenant #3, a 78 year-old, was admitted on 11-20-15 and had diagnoses of: Parkinson's Disease, osteoporosis, and dementia. The initial evaluations of function and health, dated 11-17-17 were signed by the Licensed Practical Nurse (LPN)/Director. The evaluations were updated on 11-20-15, 12-21-15, and 3-21-16 and documented Tenant #3 was independent with bathing and dressing. The service plan signed 11-17-15, 11-20-15, and 12-21-15 documented Tenant #3 required assistance with bathing and assist with dressing, buttons and shoes, upon request. A nurse review completed by the LPN/Director dated 3-21-16 and documented in the tenant notes confirmed Tenant #3 required assistance with bathing and dressing. The service plan was not based on evaluations. In an interview with the LPN/Director on 3-21-16, she confirmed Tenant #3 required assistance with	A 083		

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A 083	Continued From page 4 bathing. 4. Tenant #5, a 97 year-old, was admitted on 9-5-15 and had diagnoses of: spinal stenosis, hypothyroidism, and neuromuscular dysfunction of the bladder. The functional evaluation dated 8-28-15 and updated 9-5-15, 10-5-15, and 1-5-16 documented Tenant #5 was independent with bathing and toileting. The functional evaluation also documented Tenant #5 performed self-catheterization of the urinary bladder as needed. The 90-day nurse review documented in the tenant notes by the LPN/Director and dated 1-5-16 documented staff assisted with showers, and assisted with hygiene as needed following bowel incontinence. The service plan dated 8-28-15 and updated 9-5-15 and 10-5-15 documented Tenant #5 was independent with bathing and toileting. The service plan did not include self-catheterization as identified in the functional evaluation. The service plan did not meet the needs of the tenant.	A 083		
A 094	481-69.27(1) 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(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s	A 094		

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A 094	Continued From page 5 condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on record review and interview, 90-day nurse reviews did not document monitoring of medications when the tenant received program-administered prescription medications. 1. Tenant #3, a 96 year-old, was admitted on 2-15-14 and had diagnoses of: dementia, hypothyroidism, and hypertension. Tenant #3 was staged at five on the global deterioration scale which indicated moderately severe cognitive decline. A functional evaluation completed 3-18-16 documented the Program administered medications. The clinical record contained completed medication administration records. Tenant notes dated 3-18-16 documented a 90-day nurse review was completed by the LPN/Director. The 90-day nurse review lacked documentation of the monitoring for adverse medication reactions, current physician orders, and administration of medication consistent with the orders. 2. Tenant #3, a 78 year-old, was admitted on 11-20-15 and had diagnoses of: Parkinson's Disease, osteoporosis, and dementia. The service plan signed 11-17-15, 11-20-15, and	A 094		

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A 094	Continued From page 6 12-21-15 documented Tenant #3 required assistance with medications. The clinical record contained completed medication administration records. Tenant notes dated 3-21-16 documented a 90-day nurse review was completed by the LPN/Director. The 90-day nurse review lacked documentation of the monitoring for adverse medication reactions, current physician orders, and administration of medication consistent with the orders. The LPN/Director was interviewed on 3-21-16 and stated she did not review medications as part of a 90-day nurse review.	A 094		

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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: 28 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 31 TOTAL census of Assisted Living Program: The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	**Plan of Correction** Preparation of the Plan of Correction does not constitute admission or agreement by the provider of the truths of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged, or that any regulatory violation occurred. **The following is to be considered our Credible Allegation of Compliance.**	
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be	A 036	A 036 Evaluation of Tenant Program to CorrectRegulatory Insufficiency: A Human Services Professional was present during this evaluation for resident #3 on 11/17/15 and for resident #5 on 8/28/15 and signed the Cognitive Assessment portion of the evaluation but did not sign the Health Function Assessment.	

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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	A 083	A 083 Service Plans Program to CorrectRegulatory Insufficiency:	

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A 083	Continued From page 2 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 needed. This REQUIREMENT is not met as evidenced by: Based on record review and interview, service plans did not meet identified needs of the tenants, and were not based on evaluations. 1. Tenant #1, an 89 year-old, was admitted on 1-12-16 and had diagnoses of: diabetes, hypertension, anemia, history of falls, and vitamin deficiency. Evaluations of function and health were completed on 2-15-16 and identified as 30-day evaluations. The service plan was updated and signed on 2-12-16 and identified as the 30-day service plan. The service plan was updated and signed prior to the completion of the evaluations, which were completed on 2-15-16. The service plan of 2-12-16 was not based on evaluations. The functional evaluation dated 1-11-16, 1-12-16, and 2-15-16 documented Tenant #1 was independent with medications. The service plan signed 1-11-16, 1-12-16 and 2-12-16 documented an entry 1-11-16 which indicated the Program administered medications to Tenant #1. The clinical record contained medication administration records for Tenant #1.	A 083	Service Plans for residents #1, #2, #3 and #5 will have complete evaluations done prior to their next Service Plan update. Measures to be Taken to Ensure Problem does not Recur: All other residents will have their evaluations done prior to their next Service Plan update and the Service Plan will be based on the completed resident evaluation. Plans to Monitor Performance to Ensure Compliance: All Service Plans coming up will audited over the next 90 days by the D.O.N./Designee for compliance. Correction Date: April 21, 2016	

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A 083	Continued From page 3 The service plan for Tenant #1 was not based on evaluations. 2. Tenant #3, a 96 year-old, was admitted on 2-15-14 and had diagnoses of: dementia, hypothyroidism, and hypertension. Tenant #3 was staged at five on the global deterioration scale which indicated moderately severe cognitive decline. The clinical record contained a service plan signed 3-17-16. Evaluations of function and health were completed on 3-18-16. The evaluations were completed after the service plan. The service plan was not based on evaluations. 3. Tenant #3, a 78 year-old, was admitted on 11-20-15 and had diagnoses of: Parkinson's Disease, osteoporosis, and dementia. The initial evaluations of function and health, dated 11-17-17 were signed by the Licensed Practical Nurse (LPN)/Director. The evaluations were updated on 11-20-15, 12-21-15, and 3-21-16 and documented Tenant #3 was independent with bathing and dressing. The service plan signed 11-17-15, 11-20-15, and 12-21-15 documented Tenant #3 required assistance with bathing and assist with dressing, buttons and shoes, upon request. A nurse review completed by the LPN/Director dated 3-21-16 and documented in the tenant notes confirmed Tenant #3 required assistance with bathing and dressing. The service plan was not based on evaluations. In an interview with the LPN/Director on 3-21-16, she confirmed Tenant #3 required assistance with	A 083		

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A 083	Continued From page 4 bathing. 4. Tenant #5, a 97 year-old, was admitted on 9-5-15 and had diagnoses of: spinal stenosis, hypothyroidism, and neuromuscular dysfunction of the bladder. The functional evaluation dated 8-28-15 and updated 9-5-15, 10-5-15, and 1-5-16 documented Tenant #5 was independent with bathing and toileting. The functional evaluation also documented Tenant #5 performed self-catheterization of the urinary bladder as needed. The 90-day nurse review documented in the tenant notes by the LPN/Director and dated 1-5-16 documented staff assisted with showers, and assisted with hygiene as needed following bowel incontinence. The service plan dated 8-28-15 and updated 9-5-15 and 10-5-15 documented Tenant #5 was independent with bathing and toileting. The service plan did not include self-catheterization as identified in the functional evaluation. The service plan did not meet the needs of the tenant.	A 083		
A 094	481-69.27(1) 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: 89.27(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s	A 094	A 094 Nurse Review Program to CorrectRegulatory Insufficiency: Tenants #2 and #3 will include 90 day nurse review for documentation of the monitoring for adverse medication reaction.	

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A 094	Continued From page 5 condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on record review and interview, 90-day nurse reviews did not document monitoring of medications when the tenant received program-administered prescription medications. 1. Tenant #3, a 96 year-old, was admitted on 2-15-14 and had diagnoses of: dementia, hypothyroidism, and hypertension. Tenant #3 was staged at five on the global deterioration scale which indicated moderately severe cognitive decline. A functional evaluation completed 3-18-16 documented the Program administered medications. The clinical record contained completed medication administration records. Tenant notes dated 3-18-16 documented a 90-day nurse review was completed by the LPN/Director. The 90-day nurse review lacked documentation of the monitoring for adverse medication reactions, current physician orders, and administration of medication consistent with the orders. 2. Tenant #3, a 78 year-old, was admitted on 11-20-15 and had diagnoses of: Parkinson's Disease, osteoporosis, and dementia. The service plan signed 11-17-15, 11-20-15, and	A 094	Measures to be Taken to Ensure Problem does not Recur: The 90 day nurse review will now include the proper monitoring for adverse medication reaction, current physician orders and administration of medications consistent with orders for those residents receiving program administration prescription medications. Plans to Monitor Performance to Ensure Compliance: A Health Care Professional or Human Services Professional will monitor the 90 day Nurse Review for the next 90 days for compliance to ensure prescription medication orders are correct and the prescription medications are administered consistent with such orders for those resident receiving program administered medications. Corrected Date: April 21, 2016	

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
	S0059	A. BUILDING: _____ B. WING _____	03/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 094	Continued From page 6 12-21-15 documented Tenant #3 required assistance with medications. The clinical record contained completed medication administration records. Tenant notes dated 3-21-16 documented a 90-day nurse review was completed by the LPN/Director. The 90-day nurse review lacked documentation of the monitoring for adverse medication reactions, current physician orders, and administration of medication consistent with the orders. The LPN/Director was interviewed on 3-21-16 and stated she did not review medications as part of a 90-day nurse review.	A 094		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 094	Continued From page 6 12-21-15 documented Tenant #3 required assistance with medications. The clinical record contained completed medication administration records. Tenant notes dated 3-21-16 documented a 90-day nurse review was completed by the LPN/Director. The 90-day nurse review lacked documentation of the monitoring for adverse medication reactions, current physician orders, and administration of medication consistent with the orders. The LPN/Director was interviewed on 3-21-16 and stated she did not review medications as part of a 90-day nurse review.	A 094		