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
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 12, 2016

Ms. Elizabeth Bos, AL Coordinator
Mayflower Home
927 1st Avenue
Grinnell, IA 50112

RE: Final Recertification Monitoring Evaluation Report – Mayflower Home, Grinnell, IA

Dear Ms. Bos:

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 **June 23, 2016.** The Report notes a Regulatory Insufficiency in the area(s) of: Service Plans.

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

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

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

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

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

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

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

Sincerely,

Linda Kellen, Bureau Chief
Adult Services/Special Services

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
	S0071	A. BUILDING: _____ B. WING _____	06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYFLOWER HOME	927 1ST AVE GRINNELL, IA 50112

(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: 10 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 10 The following regulatory insufficiency was 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 on review of tenant files and Program documents, the Program failed to 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.	A 089		

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A 089	Continued From page 1 1. Tenant #1, an 85 year old, was admitted on 10-3-12 and diagnoses included: Parkinson's disease, constipation, primary generalized osteoarthritis and dysthymic disorder. According to Program notes from 5-3-16 to 6-19-16, Tenant #1 reported a fall occurred or was found on the floor five times. Tenant #1 sustained an injury or complained of pain with four of the five incidents. According to Program notes dated 6-6-16, a fax was sent that morning requesting physical therapy (PT) to evaluate/treat, to set up a restorative program due to the progression of Parkinson's disease. The fax received from the doctor indicated agreement. The service plan did not reflect Tenant #1's falls and interventions related to the falls. The service plan did not reflect PT services. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, a 68 year old, was admitted on 2-13-13 and diagnoses included: epilepsy, hypertension and macular degeneration. According to Program notes from 3-26-16 to 5-29-16, Tenant #2 reported Tenant #2 had a seizure three times. According to Program notes dated 5-23-16, Tenant #2's falls for this year were plotted and there were nine falls total. There were three falls in the middle of the night, four falls during the day shift hours and two falls during evening hours. Two falls resulted in abrasions. The common factor between all nine falls was that Tenant #2's wheeled walker was either not nearby or Tenant #2 had turned Tenant #2's body away from the	A 089		

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A 089	Continued From page 2 walker. According to Program notes from 5-24-16 to 6-9-16, Tenant #2 fell or was found on the floor four times. The service plan did not identify Tenant #2 had seizures. The service plan did not reflect Tenant #2 had falls and interventions related to the falls. The service plan did not reflect the identified needs of Tenant #2. 3. Tenant #3, an 86 year old, was admitted on 10-27-15 and diagnoses included: anxiety disorder, glaucoma and personal history of non-Hodgkin lymphomas. According to Program notes dated 6-6-16, a return fax was received regarding an order for PT/occupational therapy (OT), evaluate/treat for general strengthening following a hospitalization. The service plan was updated on 6-6-16; however, did not reflect PT/OT services. The service plan did not reflect the identified needs of Tenant #3. 4. According to the Program's policy regarding service plans, the individualized service plan would include the following: the tenant's identified personal goals, needs and requests for assistance. Services and care that would be provided by staff, based on the identified goals, needs and requests for assistance, pursuant to the occupancy agreement. Expected outcomes of the goals, services and care provided. Other providers of support, services and care. Planned and spontaneous activities based on the tenant's abilities and interests (if unable to plan to their own activities). Tenant and staff concerns and discharge plans for when a tenant required a different level of care.	A 089		

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DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Edward G Roush — TITLE: Administrator — (X6) DATE: 7/12/16

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