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
	S0273	A. BUILDING: ____ B. WING ____	C 07/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY	**1801 EAST KANESVILLE BLVD CO BLUFFS, IA 51503**

(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: 17 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 21 TOTAL census of Assisted Living Program: 21 No regulatory insufficiencies were cited during the investigation of Complaint #59458-C. The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program: 231C.5(2)(h) Written Occupancy Agreement - An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments: Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer. Based on a review of the occupancy agreement and interview, the Program did not include all tenant rights in the occupancy agreement following regulation changes effective 4-20-16.	A 000		

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A 000	Continued From page 1 Based on review of the occupancy agreement and interview, the Program's occupancy agreement did not include all transfer criteria in the occupancy agreement following regulation changes effective 4-20-16. 1. The occupancy agreement and addendum with an original signature date of 5-5-12 was reviewed for Tenant #2 who was admitted on 5-5-12. The occupancy agreement did not identify the tenant's right to be free from restraint. The Administrator provided a copy of the occupancy agreement which had been updated on 6-10-16. The updated occupancy agreement did not identify the tenant's right to be free from restraint. In an interview with the Administrator on 7-18-16 he stated the occupancy agreement for current tenants did not include a tenant's right to be free from restraints. The Administrator also stated the updates in the 6-10-16 occupancy agreement did not include a tenant's right to be free from restraint. 2. The occupancy agreement and addendum with an original signature date of 5-5-12 was reviewed for Tenant #2 who was admitted on 5-5-12. The occupancy agreement did not identify urination or defecation in places that are not considered acceptable according to societal norms as a reason for transfer out of the Program. The Administrator provided a copy of the occupancy agreement which had been updated on 6-10-16. The updated occupancy agreement did not identify urination or defecation in places that are not considered acceptable according to societal norms as a reason for transfer out of the Program. In an interview with the Administrator on 7-18-16, he stated neither the occupancy agreement for	A 000		

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A 000	Continued From page 2 current tenants nor the updates in the 6-10-16 occupancy agreement identified urination or defecation in places that are not considered acceptable according to societal norms as a reason for transfer out of the Program.	A 000		
A 021	481-67.4(1)a(2) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director ' s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(1) Of any accident causing major injury. For the purposes of this rule, " major injury " shall also mean a substantial injury. a. " Major injury " shall be defined as any injury which: (2) Requires admission to a higher level of care for treatment, other than for observation This REQUIREMENT is not met as evidenced by: Based on file review and interview, the Program failed to notify the Department when a non-ambulatory tenant fell and sustained a head injury resulting in bleeding into the head. 1. Tenant #1, a 91 year-old, was admitted on 4-15-16 and had diagnoses of: history of cerebrovascular accident, depression, chronic obstructive pulmonary disease dependent upon oxygen, gastroesophageal reflux disease, osteoarthritis, hypertension, and vascular dementia. On 5-16-16, Tenant #1 scored 21 of 30 on the mini mental status exam and was staged at three on the Global Deterioration Scale	A 021		

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A 021	Continued From page 3	A 021		

(GDS) which indicated mild cognitive impairment.

A review of the medication administration record for June 2016, documented Tenant #1 had been receiving Eliquis, an anti-coagulant medication.

An incident report dated 6-17-16 at 8:00 p.m. revealed Tenant #1 was found on the floor of the closet without a call pendant and without oxygen on. Tenant #1 complained of bilateral leg and back pain and increased pain with change of position. Tenant #1 was transported to the hospital.

The hospital report dated 6-17-16 documented Tenant #1 sustained traumatic intracerebral bleeding with a high probability of life threatening deterioration in condition

Nurse's notes dated 6-17-16 documented Tenant #1 sustained a fall, was transferred to the hospital and admitted to critical care. Nurse's notes dated 6-19-16 documented Tenant #1 returned to the Program.

A review of the service plan dated 5-16-16 and current at the time of the incident, documented Tenant #1 was to use a walker and oxygen for ambulation. Tenant #1 had limited safety awareness and required verbal cues for walker placement. Staff was to assist with all mobility in and out of the apartment. Staff was to assist with ambulation and use a gait belt.

In an interview with the registered nurse (RN) she stated the use of the gait belt was for safety and staff had fingers on the gait belt to assist if needed for a fall. The RN confirmed the service plan dated 5-16-16 was current at the time of the 6-17-16 fall.

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A 021	Continued From page 4 Nurse's notes dated 6-21-16 documented Tenant #1 had increased confusion and drowsiness over the last 24 hours. Tenant #1 was re-admitted to the hospital. Notes dated 6-25-16 documented Tenant #1 died. Tenant #1 did not meet the regulatory definition of an ambulatory tenant. Tenant #1 was admitted to the hospital for bleeding into the head following a fall. In an interview with the RN on 7-18-16 she stated the Department was not notified of the major injury.	A 021		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on a review of background checks and information supplied by the provider of the background checks, the Program did not request the Department of Public Safety and the Department of Human Services perform record checks prior to employing staff. Background checks were reviewed for five	A 118		

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A 118	Continued From page 5 employees. Four employees lacked background checks as required. 1. Staff A, certified nursing assistant (CNA) was hired 4-23-15. 2. Staff B, dietary aide, was hired 5-18-16. 3. Staff C, CNA, was hired 2-11-16. 4. Staff D, CNA, was hired 5-23-15. The Program provided documentation from a background screening service. The records provided for all four staff listed above did not specifically identify the search for criminal history, child abuse, dependent adult abuse records. The records did not identify utilizing the Department of Public Safety or the Department of Human Services. A review of the CNA scheduled documented Staff A, C, and D had worked during July 2016. Background checks were not completed prior to employment with the Program.	A 118		
A 094	481-69.27(1)a 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: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant ' s condition, any tenant who receives	A 094		

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A 094	Continued From page 6	A 094		

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 a review of tenant files, nurse reviews did not include monitoring for adverse reactions, ensuring prescription orders were current, and that the administering of medications was consistent with the orders for persons who received program-administered prescription medications. Four tenant files were reviewed.

1. Tenant #1, a 91 year-old, was admitted on 4-15-16 and had diagnoses of: history of cerebrovascular accident, depression, chronic obstructive pulmonary disease dependent upon oxygen, gastroesophageal reflux disease, osteoarthritis, hypertension, and vascular dementia. On 5-16-16, Tenant #1 scored 21 of 30 on the mini mental status exam and was staged at three on the Global Deterioration Scale (GDS), which indicated mild cognitive impairment.

According to documentation, evaluations were completed for a change of condition; Tenant #1 had returned to the Program post-hospitalization. The functional, cognitive, and health evaluations were reviewed as well as the nurse's notes. The service plan documented Tenant #1 received medications administered by the Program.

A nurse review was not completed with a change of condition to monitor for adverse reactions,

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A 094	Continued From page 7	A 094		

ensure prescription orders were current, and that the administration of medications was consistent with the orders for persons who received program-administered prescription medications.

2. Tenant #2, a 90 year-old, was admitted on 5-5-12 and had diagnoses of: diabetes, Alzheimer's dementia, and hypertension. Tenant #2 was staged at four on the GDS which indicated moderate cognitive decline.

A 90-day nurse review was completed on 4-27-16 and documented Tenant #2 received medications administered by the Program. The nurse review did not monitor for adverse reactions, ensure prescription orders were current, and that the administration of medications was consistent with the orders for persons who received program-administered prescription medications.

3. Tenant #3, an 89 year-old, was admitted on 6-22-13 and had diagnoses of: osteoarthritis, gastroesophageal reflux disease, anxiety, and dementia. Tenant #3 was staged at four on the GDS which indicated moderate cognitive decline. A 90-day nurse review was completed on 6-8-16 and documented Tenant #3 received medications administered by the Program. The nurse review did not monitor for adverse reactions, ensure prescription orders were current, and that the administration of medications was consistent with the orders for persons who received program-administered prescription medications.

4. Tenant #4, an 89 year-old, was admitted on 8-29-14 and had diagnoses of: anxiety hypertension, degenerative joint disease, peripheral neuropathy, and dementia.
A 90-day nurse review was completed on 7-11-16 and documented Tenant #4 received medications

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A 094	Continued From page 8 administered by the Program. The nurse review did not monitor for adverse reactions, ensure prescription orders were current, and that the administration of medications was consistent with the orders for persons who received program-administered prescription medications. The registered nurse was interviewed on 7-19-16 and stated the nurse reviews did not include a review of medications.	A 094		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on a review of employee files, employees who served food did not have an annual inservice training on food protection. Five employee files were reviewed. Two of the files were for employees who had been with the Program for more than a year. 1. Staff A, certified nursing assistant (CNA) was hired 4-23-15. The Program provided documentation entitled "The Safe Foodhandler" dated 4-23-15. Staff A was interviewed by phone on 7-19-16, and	A 104		

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A 104	Continued From page 9 stated she did serve food as part of her job with the Program. Staff A stated she had not received an inservice on food protection. 2. Staff E, CNA, was hired 2-21-15. The Program provided documentation entitled "The Safe Foodhandler" dated 2-21-16. A review of the staff schedule dated July 2016 revealed both staff had worked a shift during meal times. An interview with the RN on 7-19-16 revealed both Staff A and E served food as part of the job.	A 104		
A 222	481-69.4(20) Nonaccredited program - app. content 69.4(20) The policy and procedure for addressing sexual relationships between tenants and staff or between tenants with dementia greater than Stage 5 on the Global Deterioration Scale. This REQUIREMENT is not met as evidenced by: Based on interview, the Program did not have a policy and procedure for addressing sexual relationships between tenants and staff. 1. The Administrator was asked to provide a copy of the Program's policy and procedure for addressing sexual relationships between tenants and staff. In an interview on 7-19-16, the Administrator stated the Program did not have a policy and procedure on sexual relationships between tenants and staff.	A 222		

Plan of Correction

Written Occupancy Agreement A000

In regards to tenant #2 an addendum to the current Occupancy Agreement has been developed to include in tenant rights "To be free from restraints" and "Despite intervention, chronically urinates or defecates in places not considered acceptable according to societal norms, such as on the floor or in potted plants" in admission/retention criteria. Tenant will be provided, educated and sign the addendum. To ensure compliance these updates will be provided to all tenants through an updated Occupancy Agreement with the above documentation. Community Administration will monitor and keep apprised of all changes to state regulations in regards to Occupancy Agreements and ensure updates are made appropriately. Will be corrected by 08/16/2016.

Program Notification to Department A021

In regards to tenant #1 to ensure problems with program notification to department will not recur RN and Community Director have reviewed the state regulatory definitions of "major injury" and "ambulatory". RN and Community Director will discuss all resident incidents on a daily basis screening for major injuries. To ensure compliance the Community Director or designee will identify these tenants and notify the department within 24 hours or the next business day. Training for all direct care staff will be provided 08/08/2016 to include the above definitions and review reporting to Community Director. Will be corrected by 08/16/2016.

Record Checks A118

In regards to background check completion prior to employment, the program has instituted in state checks for criminal history through the Department of Public Safety and child and dependent adult abuse record checks through the Department of Human Services. All current employee file's will be checked to ensure SING was used to complete the background check upon hire and complete a SING check if SING was not used. To ensure this does not recur the Executive Assistant will perform and monitor completion of the background checks though SING prior to employment in order to ensure compliance. Will be corrected by 08/16/2016.

Nurse Review A094

In regards to nurse review tenants #1, #2, #3, #4 a nurse review was completed 08/08/2016 indicating program monitoring for adverse reactions to medications (noting if adverse reactions are present or not), completed verification that all prescription orders are current, and all administration of medications is consistent with physician orders. To ensure this does not recur RN has reviewed the nurse review regulation with ADON with education provided on 08/05/2016 regarding completing medication reviews. To ensure compliance that nurse review of medications is completed RN will review

DD 8/19/16

all 90 day reviews documented by ADON or designee to ensure medication review is completed. Will be corrected by 08/16/2016.

Food Service A104

In regards to food service, all current employees who are responsible for food preparation or service, or both food preparation and service, will have updated training on sanitation and safe food handling to be completed prior to 08/14/2016. To ensure proper food handling education employees will complete training on sanitation and safe food handling upon hire and annually. To ensure compliance the Executive Assistant or direct manager will ensure training is completed upon hire prior to food handling and annually per the developed the annual training calendar created. Will be corrected by 08/16/2016.

Non-accredited program- app content A222

In regards to policy and procedure for addressing sexual relationships between tenants and staff a policy is being drafted between program and Regional Administrators. The policy regarding sexual relationships between tenants and staff will be completed and include staff training on the policy by 08/19/2016. To monitor and ensure policy and procedure compliance the Program Administrator will keep apprised of all regulatory changes to update and or add policies and procedures as necessary. Will be completed by 08/19/2016.