

*VRK*  
*09/15/16*

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>s0084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/18/2016</b>
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NAME OF PROVIDER OR SUPPLIER  
**MEADOWS ASSISTED LIVING**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**528 N KELLY ST  
SHELL ROCK, IA 50670**

(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	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 27</p> <p>TOTAL census of Assisted Living Program: 27</p> <p>The following regulatory insufficiencies were cited during the investigation of Complaint #61203-C and the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p> <p>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: h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer.</p> <p>Based on a review of the occupancy agreement and interview, the occupancy agreement did not identify transfer criteria that went into effect with regulatory changes effective 4-20-16.</p>	A 000	<p><i>See Attached</i> <i>Plan of Correction</i> <i>DR</i> 9/14/16</p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 000	<p>Continued From page 1</p> <p>Complaint #61203-C alleged a tenant was discharged inappropriately. The Program's occupancy agreement was reviewed. The occupancy agreement was not updated to include chronic urination or defecation in places considered unacceptable according to societal norms as a criteria for involuntary discharge.</p> <p>The Executive Director was interviewed on 8-17-16 and stated the occupancy agreement had not been updated with the regulation referenced above. Current tenants had not signed an addendum to their agreements notifying them of the new regulation.</p>	A 000		
A 083	<p>481-69.26(1) Service Plans</p> <p>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 needed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans according to tenants' needs. This affected two of three sample tenants (Tenants #2 and #3). Findings follow:</p> <p>1. Tenant #2, an 84 year-old, was admitted on</p>	A 083		

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A 083	<p>Continued From page 2</p> <p>4-1-16 with diagnoses of cancer and anemia. The service plan dated 3-31-16 and signed 3-31, 4-21, 4-27, and 6-14-16 revealed Tenant #2 was independent with all activities of daily living except bathing. The service plan revealed Tenant #2 was to receive bathing services twice a week and staff assisted with dressing on bath days. Tenant #2 was independent with medications.</p> <p>Care notes dated 4-29-16 documented Tenant #2 was admitted into hospice. Notes of 5-2-16 documented Tenant #2 was given a hospital bed and oxygen was to be used as needed. Notes of 5-2-16 also documented meal trays were delivered to Tenant #2's apartment as Tenant #2 was weak and not coming out of the apartment. Notes dated 5-25-16 documented family assisted Tenant #2. Notes of 6-9-16 documented Tenant #2 required the assist of two persons for transfer. Notes of 6-13-16 documented Tenant #2 had a red area on the buttocks and family was applying ointment. Notes of 6-14-16 documented Tenant #2 was to be encouraged to reposition often. Tenant #2 was noted to use a urinal at the bedside. On 6-20-16 Tenant #2 was transferred to a higher level of care. Tenant #2 died on 8-5-16.</p> <p>Evaluations were completed on 6-14-16 and revealed Tenant #2 required assistance with hygiene, grooming, toileting, and transfers. The family assisted with medications.</p> <p>When interviewed on 8-18-16, the registered nurse (RN) confirmed there had been no additions to the service plan of 3-31-16 as Tenant #2's condition changed.</p>	A 083		

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A 083	<p>Continued From page 3</p> <p>2. Tenant #3, an 80 year-old, was admitted on 5-29-12 and had diagnoses of: depressive disorder, vertigo, hypertension, cellulitis, and osteoarthritis.</p> <p>According to care notes, Tenant #3 returned to the Program on 7-8-16 following a stay in skilled care. Evaluations dated 6-28 and 7-8-16 documented Tenant #3 required assistance with ambulation, and used oxygen as needed at night.</p> <p>The service plan dated 5-16-16 revealed Tenant #3 was independent with ambulation using a walker and was not updated following the evaluations of 6-28 and 7-8-16. The service plan identified Tenant #3 used oxygen as needed but did not direct staff as to the liter flow of the oxygen.</p> <p>Tenant #3 was seen at the wound care clinic. Instructions from the clinic dated 8-8-16 revealed Tenant #3 was to keep feet elevated at all times when resting. The service plan failed to identify the need to keep the feet elevated.</p> <p>The service plan was updated 7-8-16 as Tenant #3 requested bathing assistance. Wound care clinic instructions dated 8-16-16 revealed Tenant #3 had been fitted with boots that were to be kept clean and dry. The service plan was not updated to direct staff in the care of the boots.</p> <p>When interviewed on 8-18-16 the RN stated Tenant #3 did not require staff assist with bathing since the application of the boots. Tenant #3 was independently taking sponge baths since the application of the boots. The service plan did not identify staff was no longer providing bathing assistance.</p>	A 083		

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9/15/16

Plan of Correction  
The Meadows Assisted Living of Shell Rock (s0084)

A 000 231C.5(2)(h)

1. A new admission agreement was put into place which includes, "occupancy, involuntary transfer criteria and procedures, which ensure a safe and orderly transfer".
2. As changes occur which may result in additions or corrections to the admission agreement the Housing Manager and/or their designee shall update.
3. The facility will be reviewing the new admission agreement with all current tenants and will provide all future tenants with the updated admission agreement.
4. The completion date is September 30, 2016

A 083 481-69/26(231C)

1. Tenant #2 discharged from the facility. Tenant #3's care plan was updated to include staff assistance with the application for the boots, elevate the feet, assistance with ambulation and the utilization of oxygen.
2. Additional training and education will be provided for the staff to ensure that the service plans are being updated annually or when significant changes occur.
3. The facility will complete 2 audits per week for one month then once a week for one month assure compliance.
4. The completion date is September 30, 2016.

Respectfully Submitted,

*Andrea Nieman*

Andrea Nieman  
Housing Manager

DD 9/14/14