VAK 10/21/16 CAC 10/20/16

PRINTED: 10/10/2016
FORM APPROVED

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 |
|---|---|---|---|
| | S0311 | A. BUILDING _____ B. WING _____ | 09/20/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COLONIAL ESTATES | 815 COLONIAL LANE COLUMBUS JUNCTION, IA 52738 |

| (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<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 10<br>Number of tenants with cognitive disorder: 0<br>Total Population of Program at time of on-site. 10<br><br>TOTAL census of Assisted Living Program: 10<br><br>The following regulatory insufficiency was cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program. | A 000 | See attached<br>POC 11/9/16 | |
| A 089 | 481-69.26(4)a Service Plans<br><br>481-69.26(231C) Service plans.<br>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:<br>a. The tenant's identified needs and preferences for assistance<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on a review of tenant files and review of incident reports, the program failed to ensure individualization of service plans to indicate the tenant's identified needs and preferences for assistance. This affected 2 of 2 tenant's reviewed (Tenant #1 and #2).<br><br>Findings follow: | A 089 | | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sarah Cutler-Hand — TITLE: Administrator — (X6) DATE: 10/14/16

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| A 089 | Continued From page 1<br><br>1. Record review revealed progress Notes dated 7-8-16 at 8:53 p.m. noted Tenant #1 wandered from the program to the attached nursing home, was confused and asked when breakfast would be. On 7-11-16, Tenant #1 was at the nursing home at 7:00 a.m. and asked why no one announced they were eating over there? Tenant #1 was informed it was only 7:00 a.m Tenant #1 responded a need to know where everyone was.<br><br>Further review of progress notes from 7-15-16 to 9-16-16 indicated Tenant #1 was verbally mean at lunch, targeted three other tenants saying they were rude; Tenant #1 had started verbal fights over the weekend with another tenant, escalating to the point the other tenant got up from the table and stated this was ridiculous and left without eating; made comments that were upsetting to other tenants; appeared to be quicker to lose temper and would ask all the time what's going on and then argue when staff answered.<br><br>According to an Incident/Accident Report dated 9-13-16 at 4:40 p.m., Tenant #1 walked in the hall and stated he/she had fallen when stepping off the curb in the parking lot while trying to make a call on cell phone. Tenant #1's family transported to the ER. According to the Progress Notes, Tenant #1 returned with a diagnosis of sprained wrist and fractured rib. A splint was in place on Tenant #1's wrist for comfort.<br><br>Record review revealed Tenant #1's service plan lacked updated information to reflect wandering, confusion, behaviors, a sprained wrist, rib fracture or the use of a splint. Tenant #1's service plan was not individualized to include the identified needs and preferences for assistance.<br><br>2. Record review revealed Tenant #2's progress | A 089 | | |

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| A 089 | Continued From page 2<br><br>notes from 7-12-16 through 8-12-16 indicated Tenant #2 had multiple incidents of urinary and bowel movement (BM) incontinence. Staff reported finding feces on the stool, floor, on the riser, side of stool, Tenant #2's shoes and footprints of BM on the carpet. Other entries indicated urinary incontinence on the bed sheets, blankets in a chair and on an outing.<br><br>Further review of notes indicated on 8-9-16, the nurse and Director visited with Tenant #2 regarding incontinence of bowel and other incontinence incidents. A meeting was held with the family who reported a history of loose incontinent stools.<br><br>According to Tenant #2's service plan dated 7-28-16, Tenant #2 was independent with incontinence and wore incontinence products. Tenant #2's service plan did not indicate the occurrence of uncontrollable urinary and bowel incontinence, inability to notice the incontinence, need for staff assistance to clean up the incontinence, did not indicate a history of loose stools or interventions on how to address the incontinence. Tenant #2's service plan was not individualized to include the identified needs and preferences for assistance | A 089 | | |

CAC
10/20/16

**Plan of Correction**

**FACILITY NAME:** **Colonial Estates**
**ADDRESS:** **815 Colonial Lane**
**CITY, STATE, ZIP:** **Columbus Junction, IA 52738**
**SURVEY DATE:** **September 20, 2016**

Provider # SO311

**A 089**

This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of State law.

The preparation of the following plan of correction does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of State and Federal law require it.

Without waiving the foregoing statement, the facility states that with respect to Tenant #1, #2 and all other similarly situated tenants, Colonial Estates has re-educated the Assisted Living nurse on the requirements for service plans to be individualized and include the identified needs and preferences for assistance.

Compliance with these measures will be monitored by the facility's management staff or designated representatives through periodic audits as well as meetings with the assisted living nurse to ensure that each service plan is individualized and reflects each tenants needs and preferences.

The Director of Nursing, Administrator or designated representative will also audit compliance as part of the facility's quality assurance program.

Completion Date: 11/09/2016