JAL 10/24/16 CAC 10/24/16

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
	S0086	A. BUILDING: _____ B. WING _____	09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(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: 39 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 40 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 17 TOTAL census of Assisted Living Program: 57 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 11/3/16	
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 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.	A 083		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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
	S0086	A. BUILDING _____ B. WING _____	09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(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 083	Continued From page 1	A 083		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the Program failed to consistently ensure service plans for persons in the dementia unit met the specific service needs of tenants. This affected 2 of 2 tenants reviewed residing in the dementia unit (Tenant #1 and Tenant #6)

Findings follow:

1. Tenant #1 had a diagnosis of dementia with Lewy bodies and was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit.

Review of Tenant #1's progress notes revealed the following:

a. On 9-7-16 Tenant #1 wanted to go outside and did so. Tenant #1 refused to come back into the building and became angry. A staff member who usually worked well with Tenant #1 was unable to calm Tenant #1. The following day, Tenant #1 tried to hit another tenant when Tenant #1 could not get out of the dementia unit.

b. On 9-8-16 Tenant #1 became "enraged" staff would not accompany him/her to the front of the building. Tenant #1 threw the walker at a staff member and put arms around and squeezed the staff member.

c. On 9-15-16 Tenant #1 sustained recent falls. Tenant #1 was found to have a urinary infection and started on an antibiotic. As interventions for the falls, staff was to provide stand-by assistance

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
	S0086	A. BUILDING _____ B. WING _____	09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(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 083	Continued From page 2 and 30-minute checks for safety. d. On 9-21-16 at 5:30 p.m. Tenant #1 tried to punch the door pad to get out of the dementia unit. Redirection and activities were "not effective." At 9:00 p.m. Tenant #1 "escaped" out the first locked door of the dementia unit but not the second locked door. Staff was alerted and Tenant #1 "rammed" the walker into staff's legs. Tenant #1 was described as shaky and red, as he/she was so angry. Further record review revealed Tenant #1's service plan, signed 7-1-16 and updated 7-25-16, failed to identify 30-minute safety checks and failed to identify interventions for behaviors. When interviewed on 9-27-16 during exit, the registered nurse (RN) stated Tenant #1 was encouraged to sit outside in the courtyard of the dementia unit rather than in front of the building. The RN stated Tenant #1 had difficulty in the evenings when a family member was not present. 2. Tenant #6 had a diagnosis of dementia and was staged at six on the GDS scale which indicated severe cognitive decline. Tenant #6 resided in the dementia unit. Review of Tenant #6's progress notes revealed Lorazepam, an anti-anxiety medication, administered to Tenant #6 for the following: a. On 7-4-16 at 10:22 p.m. due to aggression. b. On 7-5-16 at 11:42 a.m. for anxiety and arguing with "everything." c. On 7-7-16 at 5:28 a.m. for left side pain and agitation.	A 083		

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
	S0086	A. BUILDING: _____ B. WING _____	09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(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 083	Continued From page 3 d. On 7-15-16 at 5:12 p.m. for agitation and being uncooperative. e. On 7-22-16 at 10:34 p.m. due to him/her being "very restless." f. On 7-30-16 at 10-32 p.m. for agitation and restlessness. g. On 8-20-16 at 10:36 p.m. for agitation. Further record review revealed Tenant #6's service plan, updated 7-5-16, failed to identify the anxiety and interventions for anxiety and behaviors, and failed to direct the staff as to when to administer the Lorazepam. When interviewed on 9-27-16 during exit, the registered nurse stated Tenant #6 had anxiety and was not used to being at the Program.	A 083		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests. This REQUIREMENT is not met as evidenced	A 092		

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
	S0086	A. BUILDING _____ B. WING _____	09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(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 092	Continued From page 4 by: Based on interview and record review, the Program failed to identify person-centered planned activities based on tenant abilities and interests. This affected 2 of 2 tenants reviewed residing in the dementia unit (Tenant #1 and #6). Findings follow: 1. Tenant #1 had a diagnosis of dementia with Lewy bodies and was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. Record review revealed Tenant #1's service plan, signed 7-1-16, indicated Tenant #1 was to participate in activities of choice and was to be encouraged to attend all activities. 2. Tenant #6 had a diagnosis of dementia and was staged at six on the GDS scale which indicated severe cognitive decline. Tenant #6 resided in the dementia unit. Record review revealed Tenant #6's service plan, updated 7-5-16, indicated Tenant #6 was encouraged to participate in activities of choice and was encouraged to participate in group activities. When interviewed on 9-27-16, the Nurse Clinician stated the service plan did not include planned activities.	A 092		

VLK 10/24/16 CAC 10/24/16

Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, IA 50158

Date: 10/12/16

Recertification 9/26-9/27/16

Plan of Correction (POC) Submitted For:
- Investigation Date: 9/26-9/27/16

POC:

Regulatory Insufficiency: 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 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.

1. **Elements detailing how insufficiency was corrected for residents**: Tenant #1 and #6 will have Comprehensive assessments and Service Plans updated on 10/14/16 for tenant #1 and 10/17/16 for tenant #6 to do in the cases of behaviors. Staff will be educated on the Service Plan changes by 11/3/16 by the Community RN.

2. **Actions the program is taking to protect tenants in similar situations**: All residents residing in Memory Care will have their service plans audited and updated in relation to behavior interventions by the Community RN by 11/1/16. Staff will be educated on Service Plan changes by 11/3/16 by the Community RN.

3. **Measures taken to ensure problem does not recur:** Behavior interventions will be reviewed and updated with any type of assessment or review completed on both current and new Memory Care residents by the Community RN. This will be completed by 11/1/16 and will be ongoing. Staff will be educated on Service Plan changes by 11/3/16 by the Community RN. Staff will be alerted to future Service Plan changes on the Point Click Care Bulletin Board by the Community RN.

Regulatory Insufficiency: 481-69.26(4) d Service Plans481-69.26(231C) Service plans.
69.26(4) The service plan shall be individualized and shall indicate, at a minimum:
d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests.

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:**
   Tenant #1 and #6 will have Comprehensive assessments and Service plans updated on by the Community RN. Interventions were added to instruct staff on what the resident's planned and spontaneous activity preferences include. Staff will be educated on the ISP changes by November 3, 2016 by the Community RN.

2. **Actions program taking to protect tenants in similar situations**:
   All residents residing in Memory Care will have their service plans audited and updated in relation to planned and spontaneous activity interventions by the Community RN by 11/1/16. Staff will be educated on Service Plan changes, as well as planned and spontaneous activities by 11/3/16 by the Community RN.

3. **Measures taken to ensure problem does not recur:**
   Planned and spontaneous activity Service Plans will be reviewed and updated for all residents residing in Memory care by the Community RN by 11/1/16. Staff will be educated on Service Plan changes by 11/3/16. All current and future Memory care residents will have their Service plans audited and reviewed with any type of assessment. Staff will be notified of activity service Plan changes by utilizing the Point, Click, Care Bulletin Board by the Community RN.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.