VAK 12/14/16

PRINTED: 12/05/2016
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
	60211	A. BUILDING _____ B. WING _____	C 11/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR VALE	100 POPPE LANE NASHUA, IA 50658

(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: 18 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 18 TOTAL census of Assisted Living Program: 18 An investigation of Complaint #62403-C was completed. A regulatory insufficiency was identified related to Complaint #62403-C.	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 interview and record review the Program failed to develop service plans that reflected the tenant's identified needs and preferences for assistance. This pertained to one of two tenant files reviewed (Tenant #2). Findings follow: An interview with the Nurse on 11-2-16 at 11:26 a.m. revealed Tenant #2 called staff into their	A 089		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 089	Continued From page 1 apartment in the early morning hours of 8-19-16 and asked if staff smelled anything burning. Staff observed a curling iron in the bathroom plugged in and warm to the touch. There was also an odor of burning paper. No evidence of burnt paper was discovered. The curling iron was removed from Tenant #2's apartment due to safety concerns and taken to the beauty shop. The tenant was allowed access to the curling iron when requested. Other issues concerned Tenant #2 allegedly taking a towel from another tenant, and verbal disagreements with others. Staff were to intervene verbal disagreements and separate the tenants. Nurse's Notes dated 8-22-16 reflected the incident with the curling iron that occurred on 8-19-16. The curling iron was taken to the beauty shop and the tenant informed he/she could use it at any time. A Behavior Log dated 9-1-16 revealed Tenant #2 wanted the curling iron returned. Staff explained he/she could use it at anytime in the beauty shop but the tenant demanded it be given to him/her. Tenant #2 was extremely angry and called staff and management names. Record review revealed the tenant had diagnoses including diabetes and depression. Nurse's Notes dated 10-19-16 revealed Tenant #2's blood sugars fluctuated and the tenant stated he/she did not want the fruit being served at lunch but did want dessert. Nurse's Notes dated 10-28-16 indicated staff reported Tenant #2 only administered half of his/her insulin from the pen, pulled it out and wasted the last half on his/her abdomen. Staff were going to start administering Tenant #2's insulin to see if there would be improvement with the blood sugars. The service plan signed by Tenant #2 on 7-22-16 reflected Tenant #2 would administer insulin from pens per current orders. The service plan was not updated	A 089		

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A 089	Continued From page 2 to reflect Tenant #2's non-compliance with a diabetic diet, fluctuation of blood sugars and staff administration of the insulin pen. Nurse's Notes dated 7-1-16 indicated Tenant #2 received an order for physical therapy (PT) to evaluate and treat. According to a therapy document, Tenant #2 was discharged from PT on 7-28-16. The service plan signed by the tenant on 7-22-16 did not the reflect the initiation or discontinuation of PT services. The tenant's service plan was last updated on 8-19-16 to have staff document any behavior problems, however, it did not include the arrangement with the curling iron or the safety concerns. The updated service plan did not reflect verbal altercations with other tenants and interventions related to this behavior and, as noted above, was not updated regarding issues with diabetes management.	A 089	Cedar Vale Assisted Living does develop service plans that reflect tenants identified needs and preferences for assistance. Tenant #2's service plan was updated to reflect all necessary missed items needed to be addressed. Facility RN went over all tenants service plans to make sure all necessary issues were addressed. Facility policy on service plans was reviewed and updated as necessary Facility RN to weekly review all previous week care changes on tenants to ensure all service plans have been updated as necessary. Facility Manager will review service plans randomly or as issues arise with tenants to ensure compliance.	

Tonia Olsen
manager

12-12-16