DEPARTMENT OF INSPECTIONS AND APPEALS

V 1/3/17 CAC 12/30/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0151	A. BUILDING _____ B. WING _____	C 11/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF CENTERVILLE	19999 ST JOSEPH'S DRIVE CENTERVILLE, IA 52544

(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. *Dementia-Specific Program by Definition* Number of tenants without cognitive disorder: 36 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 43 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 53 No regulatory insufficiencies were cited during the investigation of Incident #62832-I and #63868-I. The following regulatory insufficiencies were cited during the investigation of Incident #64275-I:	A 000	See attached POC 1/5/17	
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any	A 037		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 037	Continued From page 1 changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and clinical file review, the Program failed to complete evaluations following a fall which resulted in a change of condition. This affected 1 of 1 tenant (Tenant #1) identified as a result of facility self-reported incident #64275-I. Finding follows: 1. Record review revealed an incident report for Tenant #1 documented the tenant found on his/her bathroom floor on 11-10-16 at 4:51 a.m. According to the report, Tenant #1 cried out in pain and a large bruise was visible on his/her left wrist. The tenant confirmed he/she was in pain when asked. Staff were directed to call 911 and the tenant was transported to the local emergency room (ER). Additional record review revealed Tenant #1's clinical notes included an entry on 11-10-16 at 10:07 a.m., which documented Tenant #1's return from ER with a fracture of the left wrist and a limp when he/she walked. Review of Tenant #1's face sheet revealed his/her diagnoses included a history of falls. Tenant #1 exhibited a significant change of	A 037		

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A 037	Continued From page 2 condition following a fall with fracture on *11-10-16. The clinical file lacked documentation* of evaluations completed following the fall. When interviewed on 11-15-16 at 9:55 a.m. the registered nurse (RN) stated with Tenant #1's fall on 11-10-16, he/she sustained a fractured wrist. The tenant had a wrist splint that he/she took off. Tenant #1 was to be a hands-on assist of one staff post wrist fracture. The RN confirmed evaluations were not completed with a change of condition following the fall.	A 037		

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A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any	A 037		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
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A 037	Continued From page 1 changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and clinical file review, the Program failed to complete evaluations following a fall which resulted in a change of condition. ~~(#64275-1)~~ This affected 1 of 1 ID'd 64275-1 1. Tenant #1 had diagnoses ~~of dementia~~ and a history of falls. ~~Tenant #1 resided in the dementia unit.~~ Tenant #1 fell in the apartment on 11-10-16. Nursing notes dated 11-10-16 and timed 10:07 a.m. documented Tenant #1 had a fractured left wrist and was limping with ambulation. Tenant #1 exhibited a significant change of condition following a fall with fracture on 11-10-16. The clinical file lacked documentation of evaluations completed following the fall. In an interview with the registered nurse (RN) on 11-15-16 at 9:55 a.m. she stated following the fall of 11-10-16, Tenant #1 fractured the wrist, and had a wrist splint that Tenant #1 took off. Tenant #1 was to be a hands-on assist of one staff post wrist fracture. The RN stated evaluations were not completed with a change of condition following the fall.	A 037	DRAFT-SUBJECT TO STATE AGENCY REVIEW Review of face sheet Rev. hx falls. IR Rve. on 10 11/10/16 tenant #1 found	

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A 083	Continued From page 2	A 083		
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. This REQUIREMENT is not met as evidenced by: Based on interview and clinical file review, the Program failed to update the service plan to meet the service needs of the tenant following a fall which resulted in a change of condition. (#64275-I) 1. Tenant #1 had diagnoses of dementia and a history of falls. Tenant #1 resided in the dementia unit. Tenant #1 fell in the apartment on 11-10-16. Nursing notes dated 11-10-16 and timed 10:07 a.m. documented Tenant #1 had a fractured left wrist and was limping with ambulation. In an interview with the registered nurse (RN) on 11-15-16 at 9:55 a.m. she stated following the fall of 11-10-16, Tenant #1 fractured the wrist, and had a wrist splint that Tenant #1 took off. Tenant #1 was to be a hands-on assist of one staff for transfers and ambulation post wrist fracture. The RN stated the service plan was not updated to include the use and care of the wrist splint and assist of one for transfers and ambulation.	A 083	DRAFT-SUBJECT TO STATE AGENCY REVIEW	

√ RK 1/3/17 CAC 12/30/16

12/20/16

To: Department Of Inspections and Appeals, Division of Health Care Facilities

RE: Revisit date 11/15/16

Plan of correction for Homestead of Centerville Assisted Living

- Tag A037

The program nurse will complete Nurse Reviews in accordance with regulation 69.27 (1).

> c. To assess and document the health status of each tenant, to make recommendations and referrals whenever there are changes in the tenant's health status; and
> d. To provide the program with written documentation of the nurse review, showing the time, date and signature

And 69.27 (2) A licensed practical nurse via nurse delegation may complete the tasks required by this rule except when a tenant experiences a significatn change in condition.

Our nurse has since completed the Assisted Living Nurse review course through Iowa Health Care. This will help her identify situations which call for a change of condition or nurse review. Special attention will be paid to residents returning from ER and after having sustained a fall resulting in an injury. In addition, routine audits are made by the executive director and regional team as well as quality assurance visits to ensure that these items are completed in a timely manner and as necessary.

All regulatory insufficiencies will be corrected within 30 days from receipt of this Statement of Deficiencies, which is January 5, 2017. Please accept all of the above as our Plan of Correction for Homestead of Centerville. Please let me know if you have any questions or concerns.

Best Regards,

Kristen Arbogast, Executive Director

Homestead of Centerville, 641-437-1999

karbogast@homesteadofcenterville .com