LK 3/17/17

PRINTED: 02/28/2017
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
	S0198	A. BUILDING: _____ B. WING _____	C 02/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER RIDGE & GARDENS AT FRIENDSHIP HA	420 KENYON ROAD FORT DODGE, IA 50501

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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: 62 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 63 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 19 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 90 No regulatory insuffiencies were cited regarding the investigations of complaints 63923 and 64135. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	See Attached Plan of Correction DDi 3/17/17	
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.	A 149		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

VP Health Services Administrator 03-14-2017

STATE FORM 6899 VMR711 If continuation sheet 1 of 14

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A 149	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to provide training relating to the identification and reporting of dependent adult abuse as required for 2 of 6 staff reviewed employed longer than 6 months (Staff A and B). Findings follow: Chapter 235B requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum. 1. Record review of staff files revealed the following: a. Staff A was hired on 10-27-15. Staff A had a certificate dated 9-27-15 that revealed completion of a 2 hour course regarding mandatory reporting for adults and children. b. Staff B was hired on 10-13-15. Staff B had a certificate dated 1-24-13 that revealed completion of a 2 hour course regarding mandatory reporting for adults and children. 2. Interview with the Vice President of Health Services on 2-13-17 at 4:07 p.m. confirmed both staff completed a combination course of dependent child and adult prior to employment and did not have 2 hours of training for mandatory reporting for dependent adults only.	A 149		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant.	A 037		

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A 037	Continued From page 2 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 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 interviews and record review the Program failed to complete evaluations as required for 4 of 9 tenants reviewed (Tenants #3, #7, #8, and #9). Findings follow: 1. Review of Tenant #3's file revealed the following: a. Tenant #3 was admitted on 12-18-14. Review of annual evaluations revealed a Health Assessment and Level of Functioning Assessment dated 12-9-15. A Short Portable Mental Status Questionnaire was dated 12-9-16. No health or functional assessment for 2016 could be located. b. Resident Progress Report notes dated 12-9-16 at 12:40 p.m. indicated an annual review was completed and service plan was reviewed.	A 037		

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A 037	Continued From page 3 The progress note was not comprehensive regarding Tenant #3's health and functional status. 2. Review of Tenant #7's file revealed the following: a. Tenant #7 was admitted on 9-21-16. Review of 30 day evaluations revealed Health Assessments and Level of Functioning Assessments were completed on 9-16-16 and 10-16-16. A Short Portable Mental Status Questionnaire was completed on 9-16-16, however no additional cognitive assessment was completed within 30 days of admission. b. Resident Progress Report notes dated 10-21-16 at 12:00 p.m. indicated a 30 day review was completed. No cognitive review was documented in the notes. 3. Review of Tenant #8's file revealed the following: a. Tenant #8 was admitted on 8-31-16 and functional, cognitive, and health assessments were completed 8-29-16. No subsequent evaluations for functional, cognitive, and health assessments were completed within 30 days of admission. b. Resident Progress Report notes dated 9-30-16 at 11:00 a.m. indicated a 30 day review was completed but did not include functional, cognitive, and health assessment reviews. 4. Review of Tenant #9's file revealed the following: a. Tenant #9 was admitted on 8-08-16. Review of evaluations revealed health, functional, and cognitive assessments were all completed 7-	A 037		

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A 037	Continued From page 4 29-16. Review of 30 day evaluations revealed a cognitive assessment was completed 9-6-16. No subsequent health or functional assessments were completed within 30 days of admission. b. Resident Progress Report notes dated 9-6-16 at 4:50 p.m. indicated a 30 day review that was not comprehensive regarding Tenant #9's health status. 5. Interview with the Director of Health Services on 2-15-17 at 12:42 p.m. confirmed all completed assessments would be located in each tenant's file.	A 037		
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 record review the Program failed to develop and update service plans as required for 3 of 9 tenants reviewed (Tenants #3, #7 and #9). Findings follow: 1. Review of Tenant #3's file revealed the following:	A 083		

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A 083	Continued From page 5 a. Tenant #3 was admitted on 12-18-14. Review of annual evaluations revealed a Health Assessment and Level of Functioning Assessment dated 12-9-15. A Short Portable Mental Status Questionnaire was dated 12-9-16. No health or functional assessment for 2016 could be located. b. The tenant's Service Plan updated on 12-9 -16 was not based on current assessments/evaluations. 2. Review of Tenant #7's file revealed the following: a. Tenant #7 was admitted on 9-21-16. Review of 30 day evaluations revealed no cognitive assessment was completed within 30 days of admission. b. The tenant's Service Plan completed on 9-16-16 and reviewed on 10-21-16 was not based on current assessments/evaluations. 3. Review of Tenant #9's file revealed the following: a. Tenant #9 was admitted on 8-08-16. Review of evaluations revealed health, functional, and cognitive assessments were all completed 7-29-16. A cognitive assessment was completed on 9-6-16 but no subsequent health or functional assessments were completed within 30 days of admission. b. The tenant's service plan updated 9-6-16 was not based on all required assessments. 4. Interview with Director of Health Services on 2-15-17 at 12:42 p.m. confirmed this finding.	A 083		

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A 089	Continued From page 6	A 089		
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 plan based on tenants identified needs for 2 of 9 tenant files reviewed (Tenant #3 and #4). Findings follow: 1. Record review of Tenant #3's file revealed: a. A document titled After Visit Summary dated 1-11-16 revealed a problem list that included chronic ulcer of a toe on the right foot. b. Review of the Medication Administration Record (MAR) for the month of January 2016 revealed Tenant #3 was receiving a treatment of triple antibiotic ointment to be applied twice daily to an ulcer under the right great toe. Review of 2016 monthly MARs revealed this treatment was continuous until resolved and September 2016 MAR indicted treatment was discontinued on 9-3-16. b. Review of Resident Progress Report notes from 7-20-15 to 9-2-16 revealed ongoing visits to a physician in regards to an open wound on the toe on the right foot. An entry dated 9-2-16 noted the right great toe was assessed, the open would was healed, and no further treatment was required. An entry dated 7-27-16 revealed Tenant #3 had an appointment at a lymphedema clinic	A 089		

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A 089	Continued From page 7	A 089		

and needed assistance daily to put on and take off compression garments. An entry dated 8-2-16 indicated compression garments were working and they should be continued.

c. The tenant's service plan reviewed on 12-9 -15 and 12-9-16 revealed the service plan had not been updated regarding the treatment of the ulcer on the toe, when the issue was resolved or any interventions to prevent a wound from reoccurring. The use of the compression garments and need for staff assistance were also not included on the plan.

2. Review of Tenant #4's file revealed:

a. A Physician Fax Form dated 2-3-17 revealed the tenant's primary physician was notified of a psychiatric referral for anxiety and possible depression.

b. Review of Resident Progress Reports revealed a 90 Day Review dated 12-23-16 documenting Tenant #4 had been sleeping later than usual, becoming more agitated with staff regarding showering and wearing depends at night, and spending more time in their room. An entry dated 2-3-17 indicated the fax was sent to update the primary doctor of family consent for the psychiatric referral. A late entry for 2-2-17 dated 2-3-17 revealed the family approval of the mental health evaluation was received, paperwork was signed, and an appointment was made for 2-8-17.

c. Review of the tenant's service plan dated 6 -24-16 revealed the Mental Status section was not updated to reflect concerns of sleeping more, increased agitation, increased isolation, and interventions to minimize signs and symptoms of anxiety and possible depression.

3. Interview with the Director of Health Services

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A 089	Continued From page 8 on 12-15-16 at 12:57 p.m. revealed Tenant #3 had treatment documented on the MAR for the ulcer on the toe and did not feel it needed to be also included on the service plan, especially since it had been resolved. Staff used a task sheet that listed concerns to watch for including signs/symptoms of anxiety and depression for Tenant #4. The Director felt this information did not need to be included on the service plan as it was on the task sheet.	A 089		
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to indicate other providers on the service plans for 2 of 9 tenant files reviewed (Tenants #6 and #9). Findings follow: 1. Record review for Tenant #6's revealed the following: a. Resident Progress Report notes dated 12-30-16 at 2:00 p.m. indicated a palliative care referral was made for chronic knee pain. An entry dated 1-9-17 at 9:30 p.m. indicated Tenant #6 was seen by a palliative care nurse practitioner (ARNP). An entry dated 1-18-17 at 10:05 a.m.	A 091		

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A 091	Continued From page 9	A 091		

indicated a visit with the palliative ARNP to assess legs for edema. Compression stockings were ordered to be worn during the day. An entry dated 2-9-17 at 5:30 p.m. indicated a 90 day review was completed and noted a palliative care referral was made on 12-30-16 and the ARNP had been notified with concerns. This 90 day review also indicated a request for physical therapy (PT) and occupational therapy (OT).

b. The tenant's service plan dated 5-9-16 was not updated to reflect services provided by the palliative ARNP and PT/OT.

2. Record review for Tenant #9's revealed the following:

a. Resident Progress Report notes dated 12-23-16 at 2:35 p.m. indicated a fax was received requesting PT/OT for balance and strengthening. An entry dated 1-13-17 at 9:00 a.m. indicated a fax was received to discontinue OT. An entry dated 1-1-3-17 at 9:15 a.m. indicated Tenant #9 was still working with PT. An entry dated 1-25-17 at 12:45 p.m. indicated the tenant was currently receiving PT to assist with balance and strengthening. An entry dated 2-7-17 at 10:30 a.m. indicated the tenant was to continue PT as tolerated. An entry dated 2-14-17 at 11:50 a.m. indicated PT would be coming to complete a home assessment for mobility efficiency.

b. The tenant's service plan dated 7-29-16 was not updated to reflect services provided by PT/OT.

3. Interview with Director of Health Services on 2-15-17 at 12:57 p.m. revealed she did not feel palliative care needed to be added to the service plan as it did not require a doctors order but PT/OT would be added to the service plans.

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A 096	Continued From page 10	A 096		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to assess and document the health status as required for 5 of 9 tenants reviewed (Tenants #3, #4, #5, #6 and #9). Findings follow: 1. Review of Tenant #3's file revealed the following: a. Review of Resident Progress Report notes from 7-20-15 to 9-2-16 revealed ongoing visits to a physician in regards to an open wound on the toe on the right foot. An entry dated 9-2-16 noted the right great toe was assessed, the open would was healed, and no further treatment was required. An entry dated 7-27-16 revealed Tenant	A 096		

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A 096	Continued From page 11	A 096		

#3 had an appointment at a lymphedema clinic and needed assistance daily to put on and take off compression garments. An entry dated 8-2-16 indicated compression garments were working and they should be continued.

b. The file revealed a 90 day nurse review was completed on 7-21-16. No October 2016 nurse review could be located.

2. Review of Tenant #4's file revealed the following:

a. Resident Progress Report notes revealed an entry dated 2-3-17 that indicated a fax was sent to update the tenant's primary doctor regarding family consent for a psychiatric referral. A late entry for 2-2-17 dated 2-3-17 revealed the family approved the mental health evaluation, paperwork was signed and appointment was made for 2-8-17. A nurse review to assess and document the need for a psychiatric referral could not be located.

3. Review of Tenant #5's file revealed the following:

a. Resident Progress Report notes dated 10-22-16 at 6:30 a.m. revealed a nurse review was completed. An entry dated 11-23-16 at 2:10 p.m. indicated Tenant #5 frequently refused medications, meals and services. The family was made aware. An entry dated 12-12-16 at 10:30 a.m. indicated staff continued to use different approaches to encourage the tenant to take medications and showers but refusals continued even with family intervention. An entry dated 12-28-16 indicated family was contacted in regards to continued meal, medication, and shower refusals. An entry dated 1-3-17 indicated a fax was sent to the physician assistant to notify of

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A 096	Continued From page 12	A 096		

weight loss and refusals of meals and medications. An entry dated 1-5-17 revealed weight loss would be addressed at the next doctor's appointment on 1-6-17. An entry dated 1-6-17 revealed a palliative consult was made and staff were to encourage Tenant #5 to drink a supplement shake up to 2 times per day and try giving medications in the morning instead of at night. A nurse review regarding medication and meal refusals, weight loss, and the need for palliative referral could not be located.

4. Review of Tenant #6's file revealed the following:

a. Resident Progress Report notes dated 12-30-16 at 2:00 p.m. indicated a palliative care referral was made for chronic knee pain. An entry dated 1-9-17 at 9:30 p.m. indicated Tenant #6 was seen by a palliative care nurse practitioner (ARNP). An entry dated 1-18-17 at 10:05 a.m. documented a visit with the palliative ARNP to assess legs for edema. Compression stockings were ordered to be worn during the day. A nurse review completed to assess and document the need for a palliative referral could not be located.

5. Review of Tenant #9's file revealed the following:

a. Resident Progress Report notes dated 12-23-16 at 2:35 p.m. indicated a fax was received requesting PT/OT for balance and strengthening. An entry dated 1-13-17 at 9:00 a.m. indicated a fax was received to discontinue OT. An additional entry indicated Tenant #9 was still working with PT. An entry dated 1-25-17 at 12:45 p.m. documented a doctor visit and included information that the tenant was receiving PT to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0198	A. BUILDING: _____ B. WING _____	C 02/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER RIDGE & GARDENS AT FRIENDSHIP HA	420 KENYON ROAD FORT DODGE, IA 50501

(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 096	Continued From page 13 assist with balance and strengthening. An entry dated 2-7-17 at 10:30 a.m. indicated to the tenant was to continue PT as tolerated. An entry dated 2-14-17 at 11:50 a.m. indicated PT would be coming to complete a home assessment for mobility efficiency. A nurse review to assess and document the need for physical therapy or occupational therapy could not be located. 6. Interview with the Licensed Practical Nurse on 2-14-17 at 5:05 p.m. revealed she was responsible for completing the 90 day nurse reviews and confirmed she did not complete them for Tenants #3 and #5. She stated she had been given a list by the previous registered nurse. Tenant #3 was not on the list but Tenant #5 was on the list and she somehow overlooked it. 7. Interview with Director of Health Services revealed she felt a nurse review was necessary for the concerns noted for Tenants #4, #6, and #9.	A 096		

Cognitive, health, and functional evaluations completed for Tenant #3 on 03/08/2017, Tenant #7 on 03/13/2017, and Tenant #9 discharged from the program and admitted to skilled nursing level of care on 02/21/2017. Service plans were updated based on the completed evaluations.

Program RN received education on 03/07/2017 regarding Chapter 69 requirement for comprehensive evaluations (cognitive, health, and functional) so that service plans will be based on comprehensive information.

A revised service plan tool was developed on 03/13/2017 to provide a more comprehensive service plan tool to address tenant needs/services.

Assisted Living Director or Designee will audit weekly x 4 weeks that tenants due for 30 day evaluations, change in condition or annual evaluations have comprehensive evaluations completed (cognitive, health and functional) so service plan is based upon comprehensive information.

Compliance date: 03/30/2017

A 089 Service Plans:

Tenant #3 had comprehensive evaluations (cognitive, health, and functional) completed on 03/08/2017. Service plan was revised to include tenant's wound care services on 03/08/2017.

Tenant #4 had comprehensive evaluations (cognitive, health, and functional) completed on 03/06/2017. Service plan was revised to include signs of tenant's depression and interventions to address.

A revised service plan tool was developed on 03/13/2017 to provide a more comprehensive service plan tool to address tenant needs/services.

Program RN received regulatory education regarding Chapter 69 requirements for service planning on 03/07/2017.

For similarly situation tenant's, as of compliance date each tenant that comes due for 30-day re-evaluation, 90-day nurse review, annual, or significant change, service plans will be revised after comprehensive evaluation for significant changes or after nurse review for minor changes to reflect the needs of the tenant.

Assisted Living Director, Program RN, or Designee will audit weekly x 4 weeks that a sample of service plans reflect tenant's needs.

Compliance date: 03/30/2017

A 091 Service plans:

Tenant #6 had comprehensive evaluations (cognitive, health, and functional) completed on 03/09/2017. Service plan was revised to reflect tenant's current needs as of 03/09/2017.

Tenant #9 discharged from the program and admitted to skilled nursing level of care on 02/21/2017.

River Ridge and Gardens Assisted Living at Friendship Haven

Providers Plan of Correction

March 14, 2017

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Friendship Haven Plan of Correction constitutes written allegation of compliance for the regulatory insufficiencies cited. However, submission of this Plan of Correction is not an admission that a regulatory insufficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

A 149 Staff Training

Employees A and B had the required 2-hour Dependent Adult Abuse training completed on 02/14/2017 and 02/15/2017.

Human Resource Director or Designee will ensure all staff members receive two (2) hours of mandatory reporter training related to the identification and reporting of Dependent Adult Abuse within six (6) months of hire date. Friendship Haven will not allow any new staff member to provide certification of Dependent Adult Abuse training from another place of employment.

Assisted Living Director or Designee will audit weekly x 4 weeks that any new hires have the required two hours of dependent adult abuse training.

Compliance date: 03/30/2017

A 037 Evaluations

Comprehensive evaluations (cognitive, health, and functional) completed for Tenant #3 on 03/08/2017, Tenant #7 on 03/13/2017, Tenant #8 on 03/10/2017, and Tenant #9 discharged from the program and admitted to skilled nursing level of care on 02/21/2017.

Assisted Living Director, Program RN, and Program LPN received education on 03/07/2017 regarding Chapter 69 requirements for comprehensive evaluations (cognitive, health, and functional) within 30 days from move-in, and annually.

Director of Assisted Living or Designee will monitor that all new occupants have comprehensive evaluations (cognitive, health, and functional) completed prior to occupancy, within 30 days of move-in, and with annual review.

Compliance date: 03/30/2017

A 083 Service Plans:

For similarly situation tenant's, will have a nurse review completed for any referrals to palliative clinic or therapy services, so the RN can determine if the tenant has a significant change of condition occurring requiring new evaluations and a new service plan; or if it is minor in nature and the service plan needs revised.

Assisted Living Director or Designee will audit weekly x 4 weeks any referrals to Palliative care or therapy are appropriately addressed in the service plan.

Compliance date: 03/30/2017

A 096 Nurse Review

Comprehensive evaluations (cognitive, health, and functional) completed for Tenant #3 on 03/08/2017, Tenant #4 on 03/06/2017, Tenant #5 on 03/03/2017, Tenant #6 on 03/09/2017, and Tenant #9 discharged from the program and admitted to skilled nursing level of care on 02/21/2017. Service plans were revised based on the comprehensive evaluations completed.

Education was provided to the Program RN on 03/07/2017 regarding Chapter 69 Nurse Review requirements 481-69.27(231C) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.

A new nurse review tool was developed on 03/13/2017 to assist nurse review process.

Assisted Living Director or Designee will audit weekly x 4 weeks a tenant sample as of compliance date that no changes were made to a service plan without a nurse review being completed.

Compliance date: 03/30/2017