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 |
|---|---|---|---|
| | S0027 | A. BUILDING: _____ B. WING _____ | 05/09/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MILL POND AL | 1201 SE MILL POND CT ANKENY, IA 50021 |

| (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>Dementia-Specific Program by Definition<br><br>Number of tenants without cognitive disorder: 24<br>Number of tenants with cognitive disorder: 5<br>Total Population of Program at time of on-site: 29<br><br>TOTAL census of Assisted Living Program: 29<br><br>The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an assisted living program:<br><br>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 interview and record review the Program failed to develop service plans that indicated tenants' identified needs for 1 of 3 tenants reviewed (Tenants #1, #2 #3). Findings follow: | A 000<br><br>A 089 | A 089 Service Plans<br>The program will continue to ensure that Tenant Service Plans are individualized, and identify the needs and preferences for assistance. Tenant's Service Plans were reviewed and revised as needed with all new orders and tenant changes. Program Nursing Staff reviewed the regulations regarding Service Plans on May 10, 2017. Program process for inputting and documenting new orders has been reviewed and the process updated. Nursing staff educated on updated process. Clinical Administrator and/or designee will monitor and conduct audits monthly for 90 days to ensure compliance and as needed thereafter. Program insufficiency plan Completed ~~corrected~~ as of May 15, 2017. Any concerns from audits/monitoring will be reviewed by Program RN. | |

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

Program Administrator 5/23/17



5/30/17

5/26/17

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| A 089 | Continued From page 1<br><br>Record review of Tenant #3's file revealed a wound clinic note dated 3-14-17 indicating Tenant #1 had a pressure ulcer on the coccygeal region (stage 3) and a skin tear on the left lower extremity (LLE) which occurred as a result of a fall on 3-9-17.<br><br>Wound clinic notes noted on 3-14-17, 3-28-17, 4-5-17 and 4-18-17 provided pressure relief recommendations for Tenant #3's coccyx. The recommendations indicated the tenant was to sit straight up when in the wheelchair in order to not sit on their coccyx, and to rest on the couch or bed once a day to be off the area. In addition the tenant was not to sit in their recliner.<br><br>The orders dated 3-14-17 and 3-28-17 regarding the skin tear on the LLE indicated staff were to cleanse the LLE wound with saline, prep skin to periwound, apply Mepilex Lite to wounded areas, apply Tegaderm to secure and change dressing Monday, Wednesday and Friday and as needed.<br><br>The order for the LLE dated 4-5-17 indicated to cleanse the LLE wound with saline, prep skin to periwound, apply Mepilex Lite to wounded areas and apply Tegaderm to secure. Staff were to change the dressing on Friday of that week then decrease dressing frequency to twice a week and as needed.<br><br>The order for the LLE dated 4-18-17 indicated to moisturize lower extremities daily with Lubriderm. Tenant #3's spouse completed the treatment on the days Tenant #3 did not receive a shower.<br><br>March and April 2017 MARs reflected the completion of the dressing treatments to Tenant #3's LLE. The service plan reflected the wound | A 089 | | |

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| A 089 | Continued From page 2<br>on Tenant #3's coccyx and treatment; however, did not reflect the pressure relieving recommendations as indicated in the wound clinic notes. The service plan also did not reflect the LLE wound and treatment.<br><br>Interview with the Assisted Living Director on 5-9-17 at 1:22 p.m. confirmed this finding. It was noted the dressing changes had been completed by licensed nursing staff and that both wounds on the coccyx and on the LLE were healed. | A 089 | | |