JR 6/9/17 CAC 6/6/17

PRINTED: 05/04/2017
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
	S0172	A. BUILDING: _____ B. WING _____	04/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAIN VIEW ASSISTED LIVING	5501 GORDON DRIVE EAST SIOUX CITY, IA 51106

(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	481-69 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: 21 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 21 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 30 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	See attached POC 4/19/17	
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
Chris Schenkelberg, Healthcare Administrator		5/15/17

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A 083	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently develop individualized service plans indicative of identified tenant needs and preferences for assistance for 2 out of 3 tenant files reviewed (Tenants #1 and #2). Findings follow: 1. Record review of Tenant #1's file revealed the following: a. Resident Progress Notes, dated 1-18-17 through 4-18-17, revealed Tenant #1 frequently incontinent. The tenant soaked through his/her briefs, needed to change clothes, and, at times, needed a complete shower. The notes indicated he/she needed to change clothes and bedding several times per week and he/she required extensive assistance to change clothing and complete peri cares. b. Tenant #1's Functional/Health/Safety Assessment, dated 1-7-17, indicated he/she was occasionally incontinent and only needed assistance, such as reminders and/or assistance with changing incontinence products. The assessment did not indicate any assistance necessary for dressing. Tenant #1's Functional/Health/Safety Assessment, dated 12-7-16, indicated he/she needed prompting/cueing for dressing and assistance with TED hose. c. Tenant #1's Short Portable Mental Status Questionnaire (SPMSQ), dated 1-7-17, revealed a score of 10 which indicated a severe intellectual impairment.	A 083		

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A 083	Continued From page 2 d. Tenant #1's Individualized Service Plan (ISP), dated 12-7-16, revealed Tenant #1 able to manage incontinent cares. The service plan did not provide a toileting schedule, and indicated the tenant could assist with dressing himself/herself. The Program failed to update the ISP to reflect increased need of incontinence care, a toileting schedule to manage incontinence for him/her, and increased need for assistance in getting dressed. 2. Record review of Tenant #2's file revealed the following: a. Resident Progress Notes, dated 1-18-17 through 4-18-17, revealed Tenant #2 declining in his/her ability to participate in Activities of Daily Living (ADL). The tenant required extensive assistance in the areas of eating, dressing, mobility, and bed positioning. A note dated 4-18-17 at 11:59 am indicated he/she was unable to feed self and had difficulty transferring in/out of wheelchair. A note dated 4-18-17 at 4:40 am indicated the tenant slow to respond to simple cueing, did not know how to dress himself/herself, very unsteady on his/her feet, and needed extensive assistance to get in/out of bed and to reposition in bed. A note dated 4-2-17 at 12:05 p.m. and 12:37 p.m. indicated Tenant #2 unable to follow cues to eat his/her meal, was fed by staff, needed stand by assistance for mobility, and needed assistance to complete all ADLs. b. Tenant #2's Functional/Health/Safety	A 083		

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A 083	Continued From page 3 Assessment, dated 11-20-16, indicated he/she required cues for dressing, was independent with mobility and transfers, and dined without assistance. c. Tenant #2's Short Portable Mental Status Questionnaire (SPMSQ), dated 1-7-17, revealed a score of 10 which indicated a severe intellectual impairment. d. Tenant #2's Individualized Service Plan (ISP), dated 11-20-16, revealed Tenant #2 only needed assistance to put on socks/shoes, he/she was to use wheelchair or 4 wheeled walker and staff would offer stand by assistance for unsteadiness, and he/she independent with eating/drinking. Interview with Staff A on 4-18-17 at 10:41 am indicated Tenant #2 required a significant amount of time to complete daily cares. Staff A reported times staff "did everything" for Tenant #2. The Program failed to update Tenant #2's ISP to reflect the increased needs with mobility/transfers, eating, dressing, and bed positioning. 3. Interviews with the Administrator and Assisted Living Coordinator on 4-18-17 at 4:30 p.m. confirmed Tenant #1 could benefit from a toileting program to see if his/her incontinence could be managed. They agreed Tenant #1's ISP should have been updated to reflect the increased assistance in the areas of incontinence care and getting dressed. The Administrator and Assisted Living Coordinator also confirmed Tenant #2 required a higher level of assistance since the last update of his/her ISP and agreed a significant change	A 083		

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A 083	Continued From page 4 should have been completed.	A 083		

LL 6/8/17

CaC 6/6/17

05/15/2017

A083 ISP to be individualized and meet needs of individual tenant.

The following is a plan of correction for Tenant #1 and Tenant #2 and for all tenants in the program that service plans shall meet the specific individualized service needs of the individual tenant. The plan of correction is in place as of 4/19/2017. The following steps will be implemented to correct the deficiency:

The Assisted Living RN Coordinator will update the ISP's annually and as needed with tenant condition and care changes to ensure the ISP is individualized and identifies individualized care needs and preferences. The RN Coordinator will ensure this is accurate and most up to date information by:

1. Reviewing progress notes.

2. A Service Plan binder was put on each floor of our AL with instructions for staff to add any changes to the service plans as the tenant's condition or services change.

3. Staff was also re-educated to include all condition and service changes on the Administrator Reports, which will be submitted to the RN Delegation Nurse and the AL RN Coordinator.

4. A Service Plan calendar will be submitted with the Administrator QI Report monthly to monitor that the ISP's are being updated as needed to meet the needs of the tenants.