JK 6/16/17 · CAC 6/13/17

PRINTED: 05/05/2017
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
	S0251	A. BUILDING: _____ B. WING _____	04/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYHL ASSISTED LIVING	7511 UNIVERSITY AVENUE CEDAR FALLS, IA 50613

(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: 37 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 38 TOTAL census of Assisted Living Program: 38 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the facility's credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by June 5, 2017. POC 6/5/17 See attached	
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 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.	A 037	481-69.22(231C) Evaluation of tenant 481-69.22(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 a 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.	

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete cognitive, health and functional evaluations as needed with significant change for 2 of 4 tenant files (Tenants #1 and #4). Findings follow: 1. Record review of Tenant #1's file revealed a diagnosis of stasis dermatitis of both legs. Tenant Care Notes indicated the following: a. On 1-23-17 an order was received for Calmoseptine to be applied to the coccyx area twice daily until healed. b. On 2-9-17 a fax was sent to the physician regarding a dime size wound on the back of the right leg. An order was received to obtain a wound consult and an appointment was made at a wound clinic. c. On 2-14-17 an order was received for wound care. The order indicated to wash the right lower extremity (RLE) wound with soap and water, apply Melgisorb and cover with gauze daily. Cover with a knee high nylon to secure, apply anti-embolism hose over top and to elevate legs four times per day. Further record review revealed the Program did not complete evaluations as needed for the area on the coccyx with Calmoseptine treatment. The Program did not complete evaluations for the wound on the RLE with wound clinic involvement and a daily wound treatment provided at the Program. An interview with the Assistant Director of	A 037	481-69.22(231C) 481-69.22(2) Tenant # 1 - An evaluation of this tenant's functional, cognitive, and health status has been completed and documentation was realigned on the significant change service plan to better reflect the current needs of this individual.	4/21/17

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A 037	Continued From page 2 Assisted Living on 4-20-17 at 10:46 a.m. revealed the treatment of Tenant #1's coccyx's was currently as needed as the area was healed. Tenant #1 was seen at the wound clinic and the area was on the back of Tenant #1's right leg. Staff completed the dressing change daily. 2. Record review of Tenant #4's file revealed a diagnoses including diabetes mellitus and congestive heart failure. According to wound clinic progress notes with a date of service of 12-16-16, Tenant #4 had bilateral lower extremity (BLE) weeping lesions with necrotic ulcers. Tenant #4 also had Type 2 diabetes and chronic kidney disease. Tenant Care Notes indicated the following: a. On 12-9-16 Tenant #4 had wounds on the BLE and wound care orders were received from the wound clinic. The wounds were to be cleansed twice daily with soap and water. Silvadene cream to be applied to the wounds, then adaptic, roll gauze and ace wraps in chevron pattern. Tenant #4 was instructed to wrap puppy pads around legs with gauze to absorb drainage. Home health was to follow three times per week. b. On 12-21-16 the dressing changes were discontinued. The wound clinic was to complete the dressing change twice per week. Tenant #4 was to keep clean and dry and legs elevated when sitting. c. On 1-18-17 it was noted Tenant #4 was seen at the wound clinic the day prior and had new orders. The dressing changes were every other day to the right heel and BLE. The wounds were to be cleansed with soap and water, Xeroform was to be applied and covered with dry gauze.	A 037	481-69.22(231C) 481-69.22(2) Tenant #4 - An evaluation of this tenant's functional, cognitive, and health status has been completed and documentation was realigned on the significant change service plan to better reflect the current needs of this individual. 4/21/17	

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A 037	Continued From page 3 d. On 1-31-17 a new order was received from the wound clinic. Tenant #4 was to have Xeroform and gauze to right and left lower leg wounds and Melgisorb Ag to the right heel wound. The wounds were to be cleansed prior to dressing and all to be completed every other day. e. On 2-10-17 it was noted Tenant #4 had new orders from the wound clinic in his/her apartment from 2-8-17. The orders included a daily dressing change to the right heel. It indicated to cleanse with soap and water, apply foam dressing and secure with a small piece of tape. Tenant #4 was to continue with BLE wraps and leg elevation, which he/she did independently. f. On 2-17-17 the wound treatment was discontinued. Wraps were to be continued and lotion applied to legs per staff. Further record review revealed evaluations not completed as needed with the wounds on the BLE, wound clinic involvement and wound treatment provided at the Program. An interview with the Assistant Director of Assisted Living on 4-20-17 at 10:46 a.m. revealed in December Tenant #4 had BLE wounds. Tenant #4 was seen at the wound clinic and staff assisted with the dressing change. Currently staff assisted Tenant #4 with the leg wraps and lotion.	A 037	Tenant #4 (see previous page)	
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	A 083	481-69.26(231C) Service plans 481-69.26(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	

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A 083	Continued From page 4 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 service plans for each tenant based on the evaluations conducted and designed to meet the specific service needs of the individual tenants for 4 of 4 tenant files reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Record review of Tenant #1's file revealed a diagnosis of stasis dermatitis of both legs. Tenant Care Notes indicated the following: a. On 1-23-17 an order was received for Calmoseptine to be applied to the coccyx area twice daily until healed. b. On 2-9-17 a fax was sent to the physician regarding a dime size wound on the back of the right leg. An order was received to obtain a wound consult and an appointment was made at a wound clinic. c. On 2-14-17 an order was received for wound care. The order indicated to wash right lower extremity (RLE) wound with soap and water, apply Melgisorb and cover with gauze daily. Cover with a knee high nylon to secure, apply anti-embolism hose over top and to elevate legs four times per day.	A 083	specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. 481-69.26(231C) 481-69.26(1) and 481-69.22(2) Tenant #1 - An evaluation of this tenant's functional, cognitive, and health status has been completed and documentation was realigned on the significant change service plan to better reflect the current needs of this individual.	4/21/17

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A 083	Continued From page 5 Further record review revealed the area on the coccyx with Calmoseptine treatment and the wound on the RLE were added to the service plan; however, evaluations were not completed with significant change. Tenant #1's service plan was updated; however, was not based on the evaluations. An interview with the Assisted Director of Assisted Living on 4-20-17 at 10:46 a.m. revealed the treatment of Tenant #1's coccyx's was currently as needed as the area was healed. Tenant #1 was seen at the wound clinic and the area was on the back of Tenant #1's right leg. Staff completed the dressing change daily. 2. Record review revealed according to incident reports, Tenant #1 was found on the floor six times from 1-18-17 to 2-11-17. Several of the incident reports indicated Tenant #1 slid out of the chair. Further record review revealed Tenant #1's service plan did not reflect Tenant #1's history of falls or sliding out of the chair and interventions. An interview with the Assisted Director of Assisted Living on 4-20-17 at 10:46 a.m. revealed Tenant #1's tended to slide out of the chair. Interventions included the rearrangement of furniture and education was provided to Tenant #1. An interview with the Assisted Director of Assisted Living on 4-20-17 at 10:46 a.m. revealed Tenant #2 did not have any significant injuries with the falls. 3. Record review of Tenant #2's file revealed a diagnosis of Parkinson's disease. According to incident reports, Tenant #2 had three falls from	A 083	Tenant #1 (see previous page) 481-69.26(231C) 481-69.26(1) and 481-69.22(2) Tenant #2 (see following page)	

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A 083	Continued From page 6 1-26-17 to 4-10-17. Further record review revealed Tenant #2's service plan did not reflect a history of falls, no did it provide interventions. The service plan failed to reflect the specific service needs of Tenant #2. An interview with the Assisted Director of Assisted Living on 4-20-17 at 10:46 a.m. revealed Tenant #3 did not have any significant injuries with the falls 4. Record review of Tenant #3's file revealed a diagnosis of Parkinson's disease and diabetes mellitus. According to incident reports, Tenant #3 had six falls from 2-5-17 to 4-4-17. Further record review revealed Tenant #3's service plan did not reflect his/her history of falls and interventions. 5. Record review of Tenant #3's file revealed a diagnosis of Parkinson's disease and diabetes mellitus. According to a fax to the physician, dated 3-14-17, Tenant #3 refused to use insulin for diabetic management. The tenant's service plan reflected parameters to call the physician with blood sugars greater than 500; however, did not reflect refusal of Tenant #3 to use insulin for diabetic management. The service plan did not reflect the specific needs of Tenant #3. 6. Record review of Tenant #4's file revealed a diagnoses including diabetes mellitus and congestive heart failure. According to wound clinic progress notes with a date of service of 12-16-16, Tenant #4 had bilateral lower extremity (BLE) weeping lesions with necrotic ulcers. Tenant #4 also had Type 2 diabetes and chronic	A 083	Tenant #2 - An evaluation of this tenant's functional, cognitive and health status has been completed and documentation realigned on the significant change service plan to better refle the current needs of this individual. 481-69.26(231C) 481-69.26(1) and 481-69.22(2) Tenant #3 - An evaluation of this tenant's functional, cognitive, and health status has been completed and documentation realigned on the significant change service plan to better reflect the current needs of this individual. 481-69.26(231C) 481-69.26(1) and 481-69.22(2) Tenant #4 - An evaluation of this tenant's functional, cognitive, and health status has been completed and documentation realigned to better reflect the current needs of this individual.	5/5/17 5/5/17 4/21/17

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A 083	Continued From page 7 kidney disease. Tenant Care Notes indicated the following: a. On 12-9-16 Tenant #4 had wounds on the BLE and wound care orders were received from the wound clinic. The wounds were to be cleansed twice daily with soap and water. Silvadene cream to be applied to the wounds, then adaptic, roll gauze and ace wraps in chevron pattern. Tenant #4 was instructed to wrap puppy pads around legs with gauze to absorb drainage. Home health was to follow three times per week. b. On 12-21-16 the dressing changes were discontinued. The wound clinic was to complete the dressing change twice per week. Tenant #4 was to keep clean and dry and legs elevated when sitting. c. On 1-18-17 it was noted Tenant #4 was seen at the wound clinic the day prior and had new orders. The dressing changes were every other day to the right heel and BLE. The wounds were to be cleansed with soap and water, Xeroform was to be applied and covered with dry gauze. d. On 1-31-17 a new order was received from the wound clinic. Tenant #4 was to have Xeroform and gauze to right and left lower leg wounds and Melgisorb Ag to the right heel wound. The wounds were to be cleansed prior to dressing and all to be completed every other day. e. On 2-10-17 it was noted Tenant #4 had new orders from the wound clinic in his/her apartment from 2-8-17. The orders included a daily dressing change to the right heel. It indicated to cleanse with soap and water, apply foam dressing and secure with a small piece of tape. Tenant #4 was to continue with BLE wraps and leg elevation,	A 083	Tenant #4 (see previous page)	

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A 083	Continued From page 8 which he/she did independently. f. On 2-17-17 the wound treatment was discontinued. Wraps were to be continued and lotion applied to legs per staff. Further record review revealed Tenant #4's wounds were included in his/her service plan; however, evaluations were not completed with significant change. The service plan was updated; however, was not based on the evaluations. An interview with the Assisted Director of Assisted Living on 4-20-17 at 10:46 a.m. revealed in December Tenant #4 had BLE wounds. Tenant #4 was seen at the wound clinic and staff assisted with the dressing change. Currently staff assisted Tenant #4 with the leg wraps and lotion.	A 083	Tenant #4 (see previous pages)	
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide orientation on sanitation and safe food handling for staff who served food. This pertained to 2 of 6 staff files (Staff A and B). Findings follow:	A 104	481-69.28(5) Food Service 481-69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and food safe handling prior to handling food and shall have annual in-service training on food protection. Food Service in the Healthcare Setting produced by Cromwell Communications is provided as a part of General Orientation for all employees of the facility. (see attached copies of employee's records) The Food Safety and Sanitation Module through CE Solutions was completed by these employees on 4/19/17. 4/19/17	

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A 104	Continued From page 9 A community meeting with nine tenants on 4-19-17 at 1:30 p.m. revealed one tenant commented staff seemed to wear gloves to protect their hands and not the food. Record review revealed the following: a. Staff A, hired 11-21-16, received food safety and sanitation training 4-19-17. b. Staff B, hired on 2-21-17, received food safety and sanitation training 4-19-17. An interview with the Director of Assisted Living on 4-20-17 at 12:05 p.m. revealed Staff A and Staff B served food and had served food prior to 4-19-17 (the completion date of the food safety and sanitation training).	A 104	On 4/17/17 and 4/18/17 the Dining Services Supervisor did provide staff with an inservice training regarding proper glove usage during meal service. Staff A - Did receive the initial "Food Service in the Healthcare Setting" Training during General Orientation on 11/21/17. She then completed the "Food Safety and Sanitation" module through CE Solutions on 4/19/17 (copies included) Staff B - Did receive the initial "Food Service in the Healthcare Setting" training during General Orientation on 2/22/17. She then completed the "Food Safety and Sanitation" module through CE Solutions on 4/19/17. (copies included) 481-69.28(5) and 481-69.28(231C) "Food Service in the Healthcare Setting" will continue to be a part of General Orientation for new employees. All staff hired for the program will complete the "Food Safety and Sanitation" module through CE Solutions on day 1 of their orientation to the program and prior to any participation in serving food in the program dining room. 5/11/17 Food Safety and Sanitation has been added to the delegation checklist to ensure completion and to monitor that each employee completes annually. 5/11/17 The Dining Services Supervisor will provide an educational opportunity regarding appropriate glove usage to the tenants at the next tenant meeting. 6/15/17	

LC 6/16/17 CaC 6/13/17

Addendum to the Plan of Correction for Survey completed of Bryhl Assisted Living on April 20, 2017

481-69.22 (231c) Evaluation of tenant

481-69.22 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 a 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 services professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.

481-69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with sub rules 69.22(1) and 69.22(2) and shall be designed to meet the specific need of the individual tenant. The service plan shall subsequently be up dated annually and whenever changes are needed.

To remain in compliance with the above regulations the facility has taken the following actions:

Tenants #1, #2, #3 and #4 sited in the deficiencies have all had evaluations of functional, cognitive, and health status completed. A significant change service plan was developed for each of these individuals according to their specific needs by 4/21/17.

The Assistant Director of Assisted Living has also reviewed additional tenants and completed evaluations of functional, cognitive, and health status and developed a significant change service plan as indicated for these individuals according to their specific needs.

The facility will continue to evaluate functional, cognitive, and health status and develop a significant change service plan for each tenant when indicated according to the above rules in order to remain in compliance. The Director of Bryhl Assisted Living will monitor compliance regularly and will bring to the CQI Committee which meets quarterly to ensure compliance with this deficiency.

481-69.28(5) Food Service

481-69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and food safe handling prior to handling food and shall have annual in-service training on food protection.

To remain in compliance with the above regulation the facility has taken the following action:

All staff were up to date on Food Safe as of 4/21/17.

Food Service in the Healthcare Setting produced by Cromwell Communications will continue to be provided as a part of general orientation for all employees of the facility. The Food Safety and Sanitation Module through CE Solutions will be required for employees in the Assisted Living area and will be completed before or on day one of their orientation prior to any food service or food handling in the program dining room. Employees of Bryhl Assisted Living will complete the Food Safety and Sanitation again annually. The Director of Bryhl Assisted Living will continue to monitor compliance regularly and will bring to the CQI Committee which meets quarterly to ensure compliance with this deficiency.

All deficiencies have been corrected as of June 5, 2017.

Paula Pedarra 6/21/17
Director of Bryhl Assisted Living