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
	S0159	A. BUILDING: _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELROSE MEADOWS RETIREMENT COMM	350 DUBLIN DRIVE IOWA CITY, IA 52246

(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: 31 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 33 TOTAL census of Assisted Living Program: 33 The following regulatory insufficiencies were cited during the investigation of Complaint #66094-C.	A 000		
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 interviews and record reviews, the Program failed to ensure service plans included identified needs for 3 of 5 tenants reviewed (Tenants #1, #2, #4). Findings include: Review of Tenant #1's record revealed a Nurses' Progress Note dated 2-28-17 which indicated Tenant #1 was incontinent of urine. The tenant	A 089	See attached Plan of Correction 5/23/17	

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

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A 089	Continued From page 1 sometimes got up and went to the bathroom but didn't know how to put on a protective undergarment. Tenant #1 was placed on a two hour toileting program which included assistance to get up every two hours at night to go to the bathroom. Tenant #1's service plan regarding toileting (last reviewed in Dec 2016) indicated the tenant was independent. The service plan was not updated to reflect incontinency and the toileting assistance program. Review of Tenant #2's service plan indicated the need for assistance with medication administration. The majority of medications were administered by staff however the tenant preferred to keep his/her metoprolol and administer it independently. As a result this medication was not listed on the Medication Administration Record (MAR) utilized by staff. According to Nurses's Notes dated 1-17-17, Tenant #2 complained of cold symptoms and wanted to take an over-the-counter medication. The tenant wished to be independent with this medication which meant that it was kept in the tenant's apartment with no mention of the medication on the MAR. The service plan was not updated to include this medication as one the tenant took independently. According to a Nurse's Progress Note dated 4-8-17 Tenant #2 was not feeling well, went to the ER and was admitted for congestive heart failure exacerbation on 4-6-17. Tenant #2 returned to the program on 4-8-17. New orders indicated an increase in Furosemide dose to 40 mg. every day and continue current Warfarin alternating doses. The service plan was not updated to indicate Tenant #2's hospitalization and change in orders. Review of Tenant #4's record revealed an initial	A 089		

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A 089	Continued From page 2 health and functional evaluation dated 1-4-17. The evaluation indicated Tenant #4 had confusion with agitation. Tenant #4 was admitted to the program after a right ankle fracture which required only a walking boot. The service plan indicated Tenant #4 was independent in ambulation and used a walker. Tenant #4's service plan, dated 1-4-17, did not indicate any confusion, agitation or need for a walking boot. According to Nurse's Notes dated 1-12-17, Tenant #4 received a new order for an antibiotic three times a day for five days and soaks four times a day times five days for an infected finger. The service plan was not updated to indicate the addition of an antibiotic and the need for finger soaks. Multiple entries in Nurses Notes starting on 1-21-17 at 11:45 p.m. through 2-6-17, indicated Tenant #4 was up throughout the night thinking it was time for breakfast and demanding something to eat. The service plan was not updated to include interventions for Tenant #4's confusion and night-time behaviors. According to Nurse's Notes dated 2-16-17, Tenant #4 exhibited several attempts to leave the building without telling staff. An ankle alarm was put in place. Tenant #4 attempted to leave the building and set off the alarm on 2-17-17, three times on 2-21-17, 2-23-17, 3-1-17 and 3-3-17. The service plan was not updated to include exit seeking and elopement interventions.	A 089		

✓ JL 6/27/17

The Melrose Meadows Assisted Living Community
Jody Thomas, RN
Executive Director
350 Dublin Drive
Iowa City, IA 52246
(319) 341-7893

RE: Melrose Meadows Complaint Investigation #66094-C between May 8, and May 25, 2017

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

PLAN OF CORRECTION:

1. **The Nurse Manager has met with Tenants' #1 and #2 to identify current needs and preferences for assistance. The service plan has been updated to cover the cares requested by these Tenants as well as needs identified by Tenant #1's family member due to Tenant #1 cognitive inability to identify all cares needed to sustain Tenant's ability to remain in AL LOC. The Nurse Manager will increase communication with all Tenant's to ensure current needs for assistance and areas where the Tenant wishes to be independent will be indicated on the service plan. Tenant #4 was discharged on 3/28/17.**
2. **If the Tenant's condition or the cares they receive change, the service plan will be updated following a nurse review by the RN. Specific interventions will be included as warranted based on the needs or changes by the Tenant.**
3. **The service plan will identify the needs of the Tenant as well as Tenant preferences for level of care by the RN through communication with the Tenant, staff, and /or Tenant's family. Interventions will be added to the service plan as needed related to care and/or behavior.**
4. **Service plans on the above Tenants have been updated by the RN Nurse Manager according to changes in care and specific needs, as well as interventions identified by the RN, Tenant, staff and Tenants' family on June 5, 2017.**

DD 6/23/17