8/21/17

PRINTED: 08/14/2017
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 |
|---|---|---|---|
| | S0026 | A. BUILDING: _____ B. WING _____ | 08/02/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VILLAGE RIDGE | 365 MARION BLVD MARION, IA 52302 |

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| 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>General Population Program<br><br>Number of tenants without cognitive disorder: 39<br>Number of tenants with cognitive disorder: 3<br>Total Population of Program at time of on-site: 42<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 1<br>Number of tenants with cognitive disorder: 15<br>Total Population of Program at time of on-site: 16<br><br>TOTAL census of Assisted Living Program: 58<br><br>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an assisted living program: | A 000 | | |
| A 083 | 481-69.26(1) Service Plans<br><br>481-69.26(231C) Service plans.<br>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 | A review of the regulation 481.69.26 (231.C). To ensure compliance an inhouse tracking tool will be used. Service plans will be reviewed with the E.D., D.O.H., LPNs and the corporate nurse via phone conference August 29, 2017. Documentation of this review will be maintained by the E.D. | |

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



DD 8/22/17

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| A 083 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to develop or update service plans as needed and to reflect the specific service needs for 2 of 5 tenants reviewed (Tenants #1 and #2). Findings follow:<br><br>1. Record review of Tenant #1's file revealed diagnoses including post traumatic stress disorder, trigeminal neuralgia, generalized anxiety disorder, personality disorder, major depressive disorder, opioid abuse and suicidal ideations. The service plan dated 3-13-17 reflected the Program administered Tenant #1's medications. A Resident Note dated 5-10-17 indicated Tenant #1 had vomited and said he/she had taken too much Tylenol. Tenant #1 requested to go to the hospital and an ambulance was called. Nurse's Notes dated 5-17-17 indicated Tenant #1 returned to the Program with new orders. Hospital documentation revealed Tenant #1 ingested 29 tablets of Tylenol 500 milligram (mg) over a 24 hour period. Tenant #1 said he/she had trigeminal neuralgia and the pain was not bearable so he/she took the medications. Tenant #1 reported feeling very depressed for many months as evidenced by lack of enjoyment, low energy and motivation and feelings of helplessness and worthlessness. Tenant #1 denied suicidal ideations.<br><br>The service plan was not updated to reflect the ingestion of the Tylenol and hospitalization or interventions related to the behavior. | A 083 | The service plan/Master Care Plan for tenants #1 and #2 will be reviewed and updated to reflect the tenants current status by the R.N. Director of Healthcare. The updates will be approved by the E.D. by 9/1/17. The corporate nurse will complete chart audits at 60 days and 120 days to ensure compliance. | |

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| A 083 | Continued From page 2<br><br>2. Record review of Tenant #2's file revealed a Resident Note dated 5-24-17 indicating Tenant #2 had a skin tear on the right arm above the right elbow that was inflamed and reddened. Tenant #2 was taken to a walk-in clinic and returned with new orders to cover the wound with Bacitracin bandage twice daily and Cephalexin 500 mg, one capsule by mouth, three times daily for 10 days. A Resident Note dated 6-5-17 indicated antibiotic therapy was completed and the dressing change to the right arm was cleared. The cellulitis in the right forearm had resolved. A Resident Note dated 7-12-17 indicated on 7-5-17 Tenant #2 was placed on Cephalexin 500 mg, one capsule by mouth, three times daily for 10 days for a skin tear on the left shin. The left shin was red, swollen and warm to the touch. A Resident Note dated 7-31-17 indicated the antibiotic therapy was completed on 7-14-17 and the area presented with no redness, drainage or warmth noted.<br><br>The service plan was not updated as needed to reflect the skin issues, treatment and antibiotic therapy.<br><br>3. An interview with the Executive Director on 8-2-17 at 4:24 p.m. revealed there was no additional service plan information available related to Tenant #1 or Tenant #2 regarding the issues noted above. | A 083 | | |
| A 084 | 481-69.26(2) Service Plans<br><br>481-69.26(231C) Service plans.<br>69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or | A 084 | | |

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| A 084 | Continued From page 3<br>human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to develop preliminary service plans prior to the tenants' signature of the occupancy agreements for 2 of 5 tenants reviewed (Tenants #1 and #2). Findings follow:<br><br>1. Record review of Tenant #1's file revealed an admission date of 2-17-17. The preliminary service plan was signed by the Nurse and Tenant #1 on 2-17-17. The occupancy agreement was signed by Tenant #1 on 2-13-17 at 10:30 a.m. The preliminary service plan was not developed prior to Tenant #1's signature of the occupancy agreement.<br><br>2. Record review of Tenant #2's file revealed Tenant #2 was admitted on 1-18-17. The preliminary service plan was signed by the Nurse and Tenant #2's responsible party on 1-18-17. The occupancy agreement was signed by Tenant #2 on 1-17-17. The preliminary service plan was not developed prior to Tenant #2's signature of the occupancy agreement.<br><br>3. An interview with the Executive Director on 8-2-17 at 4:24 p.m. revealed there was no | A 084 | The policy for the Negotiated Service Agreement/Master Care Plan was reviewed and updated with a clarification to ensure that the Service Agreement is signed prior to the signing of the Occupancy Agreement. The updated policy will be gone over and discussed during the August 29th phone conference. Chart audits will be done at 60 days and 120 days to ensure compliance. | |

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| A 084 | Continued From page 4<br>additional service plan or occupancy agreement information available related to Tenant #1 or Tenant #2 regarding the issues noted above. | A 084 | | |