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
	S0118	A. BUILDING _____ B. WING _____	09/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST LIBERTY AL RESIDENCES	1000 NORTH MILLER STREET WEST LIBERTY, IA 52776

(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: 15 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 19 TOTAL census of Assisted Living Program: 19 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an assisted living program:	A 000	Please see attached	
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 observation, interview and record review the Program failed to develop service plans that reflected the identified needs of two of three tenants reviewed (Tenants #2 and #3). Findings follow: 1. Interview with Staff A on 9-5-17 at 1:31 p.m.	A 089		

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A 089	Continued From page 1	A 089		

revealed a couple of weeks prior she had found a tablet/notebook in Tenant #2's apartment that indicated he/she had a good life and was ready to go. Staff A reported it to the Nurse.

Interview with the Nurse on 9-6-17 at 1:20 p.m. revealed Staff A reported to her that she had found a notebook with a message written by Tenant #2 to Tenant #2's family regarding being tired of living. When the Nurse talked with Tenant #2 there was no plan to harm himself/herself and no suicidal ideations were expressed. Tenant #2 had periods of sadness and the Nurse spoke with the family regarding these behaviors. The family declined treatment and indicated it was the tenant's baseline behavior.

Record review of Tenant #2's file revealed diagnoses including depression with anxiety, senile dementia, hypertension (HTN) and hyperlipidemia. Tenant #2 was staged at a Global Deterioration Scale of four, which indicated moderate cognitive decline. An Order Summary Report indicated Tenant #2 was prescribed Coumadin 2 milligram (mg) tablet, by mouth in the evening every Monday and Friday for cerebrovascular accident (CVA) and Coumadin 3 mg tablet, by mouth in the evening every Sunday, Tuesday, Wednesday, Thursday and Saturday for CVA. The service plan reflected staff administered medications to Tenant #2; however Coumadin and possible side effects was not included. In addition, the service plan did not reflect Tenant #2's periods of sadness and interventions.

2. Observation on 9-5-17 at approximately 12:00 p.m. revealed staff checked Tenant #3's blood glucose twice, as the first attempt was not

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A 089	Continued From page 2	A 089		

successful, while Tenant #3 and other tenants were seated at the dining room table for lunch.

Record review indicated the Program's policy regarding medication/treatment administration indicated it was the policy of the Program to administer medications to tenants in the location of their preference within the building.

Further record review of Tenant #3's file revealed diagnoses including diabetes mellitus type I, HTN and atherosclerosis of other arteries. An Order Summary Report indicated Tenant #3 had an order for blood glucose checks with meals and at bedtime. Progress Notes dated 8-9-17 indicated Tenant #3 had a 19 pound weight gain since the beginning of the year and Tenant #3's blood glucose was consistently elevated. It was also noted that Tenant #3 had chronic edema to bilateral lower extremities (BLE). The service plan reflected staff administered Tenant #3's insulin and completed blood glucose checks. The service plan did not reflect Tenant #3's weight gain and consistently elevated blood glucose readings. The service plan did not reflect Tenant #3 had edema to BLE and interventions. The service plan also did not reflect Tenant #3's blood glucose checks were at times taken in the dining room.

Interview with the Nurse on 9-6-17 at 1:20 p.m. revealed Tenant #3 did not have a preference where the glucose checks were taken. Tenant #3's blood glucose checks were always elevated and normally in the 200's.

This is West Liberty's plan of correction dated September 19, 2017.

A089. Service Plans

For Tenant #2, the service plan was updated to include Coumadin and the possible side effects. Staff were in serviced on the side effects, including excessive bleeding, and when to report to the RN coordinator. RN coordinator will monitor lab values as ordered by the physician. The service plan was also updated to include the Tenant's periods of sadness and the interventions. Staff were in serviced on being alerted to Tenant's voicing of sadness, being tired of living, and/or any attempts of self-harm, reporting immediately to the RN Coordinator. Completion date September 19, 2017.

For Tenant #3, the service plan was updated to include weight gain and consistent elevated blood glucose readings. The service plan was also updated to include edema to the BLE with interventions of monitoring the edema by the RN Coordinator, education about heart health, nightly staff encouragement to elevate lower extremities and a self-report of any observed increased edema. The service plan also will include the Tenant's preference for location in the building where the facility staff can obtain blood sampling and/or administration of Insulin in accordance with the Facility policy. Completion date September 19, 2017.

In order to insure compliance, the RN Coordinator will review all service plans to assure that every Tenant's service plan is individualized and fully addresses their current identified needs. Preference for cares will be stated. The RN Coordinator will also review the regulations and facility policy on service plans.

9/24/17