STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP293	A. BUILDING _____ B. WING _____	10/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAVARIAN MEADOWS	632 - L14, PO BOX 265 REMSEN, IA 51050

(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: 19 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 23 Total Population of Program at time of on-site: 23 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 10/11/17	
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 interview and record review the Program failed to consistently develop service plans to reflect identified tenant needs. This affected 1 of 2 tenants reviewed (Tenant #1). Findings follow: 1. Record review of Tenant #1's file revealed diagnoses included: chronic lymphocytic leukemia, autoimmune hemolytic anemia, thrombocytopenia, hypo-osmolality and	A 089		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 089	Continued From Page 1 hyponatremia. a. According to Nurse Review dated 7-28-17, Tenant #1 had chronic pain controlled with Fentanyl patches, which were changed by staff every 72 hours. Tenant #1's service plan, dated 6-24-17, indicated staff administered medication from a medication planner. The service plan failed to reflect Tenant #1 had chronic pain or that staff applied a Fentanyl patch. b. According to a Medical Visit Form dated 9-22-17, Tenant #1 had open ulcers on the right foot and cellulitis. Cephalexin 500 milligram by mouth, four times per day for seven days was ordered. A triple antibiotic ointment twice daily to the toes was also ordered. A Medical Visit Form dated 9-27-17 indicated new orders were received and included: cleanse the right foot with Hibiclens/water moistened 4 x 4's., wipe off with water moistened 4 x 4s and dry well daily. The orders also indicated wounds should be painted twice daily with Betadine solution, allowed to dry, and wrapped with two inch gauze (paper tape to dressing only). Continued record review revealed Tenant #1's medical documents indicated the tenant had been seen in a clinic for right leg ischemia (inadequate blood supply) with eschar (falling away of dead skin) to the right toes. The plan was to admit Tenant #1 from the clinic for hydration and to complete a peripheral angiogram with revascularization. According to a Nurse Review dated 10-5-17, at a doctor appointment no pulse was found in Tenant #1's foot with a Doppler. Surgery was completed and it was planned to keep Tenant #1 for one night. Tenant #1 had been on 20 days of antibiotic treatment for the foot prior to hospitalization.	A 089		

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A 089	Continued From Page 2 Nurse's Notes/Service Notes dated 10-6-17 indicated Tenant #1 returned from the hospital after doctor performed ankle brachial index bilateral and arterial duplex lower bilateral. Tenant #1 returned with new orders. Record review revealed Tenant #1's service plan, dated 6-24-17, failed to reflect Tenant #1's health and circulatory system issues, hospitalization, wound care orders and antibiotic therapy. When interviewed on 10-11-17 at 9:56 a.m., the RN Manager confirmed wound care was not included in Tenant #1's current service plan. The RN Manager revealed Tenant #1 had two sores on the right foot. Orders were received for antibiotics and the tenant was seen at a wound clinic. Continued treatment included an appointment at a vein specialist, admission to the hospital, and surgery. Tenant #1 had current orders for wound care twice daily.	A 089		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This Requirement is not met as evidenced by: Based on interview and record review the	A 118		

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A 118	Continued From Page 3 Program failed to obtain a completed criminal history background check prior to employment for 1 of 4 staff reviewed (Staff A). Findings follow: 1. Record review of Staff A's file revealed a hire date of 9-1-17. A background check was completed on 9-1-17 at 11:44 a.m. and revealed further research required for the criminal history background check. The abuse registries background check did not reveal any results. On 9-5-17 further research indicated no record was found. Weekly Time Sheet records indicated Staff A worked on 9-1-17 from 6:00 a.m. to 2:30 p.m. The next date Staff A worked was on 9-7-17 from 6:00 a.m. to 2:30 p.m. Training documents revealed Staff A had food safety training and nurse delegation training completed on 9-1-17. Staff A was hired and worked prior to the receipt of the completed criminal background check. An interview with the RN Manager on 10-11-17 at 9:56 a.m. revealed Staff A employed by the Program prior to completion of the background check. The RN Manager stated Staff A shadowed another resident assistant (RA) from 6:00 a.m. to 12:00 p.m. on 9-1-17. During that time Staff A did not provide any direct care to tenants and observed only. On 9-1-17 from 12:00 p.m. to 2:30 p.m. paperwork was filled out and Staff A completed training with the RN Manager. On 9-7-17 staff worked on the floor with another RA and was allowed to assist. Staff A did not provide any direct care to tenants until 9-7-17. Staff A was part time and worked one day per week.	A 118		

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02 ✓ 11/17/17

Bavarian Meadows Assisted Living
[redacted]
632 L-14 Remsen, Iowa 51050

(x4) ID PEFIX TAG A089
481-69.26(4)a Service Plans

This Requirement is not met as evidenced by:
A 089 Based on interview and record review the Program failed to consistently develop service plans to reflect identified tenant needs. This affected 1 of 2 tenants reviewed (Tenant #1).

Findings follow:

1. Record review of Tenant #1's file revealed diagnoses included: chronic lymphocytic leukemia, autoimmune hemolytic anemia, thrombocytopenia, hypo-osmolality and hyponatremia.

a. According to Nurse Review dated 7-28-17, Tenant #1 had chronic pain controlled with Fentanyl patches, which were changed by staff every 72 hours. Tenant #1's service plan, dated 6-24-17, indicated staff administered medication from a medication planner. The service plan failed to reflect Tenant #1 had chronic pain or that staff applied a Fentanyl patch.

b. According to a Medical Visit Form dated 9-22-17, Tenant #1 had open ulcers on the right foot and cellulitis. Cephalexin 500 milligram by mouth, four times per day for seven days was ordered. A triple antibiotic ointment twice daily to the toes was also ordered. A Medical Visit Form dated 9-27-17 indicated new orders were received and included: cleanse the right foot with Hibiclens/water moistened 4 x 4's., wipe off with water moistened 4 x 4s and dry well daily. The orders also indicated wounds should be painted twice daily with Betadine solution, allowed to dry, and wrapped with two inch gauze (paper tape to dressing only).

Continued record review revealed Tenant #1's medical documents indicated the tenant had been seen in a clinic for right leg ischemia (inadequate blood supply) with eschar (falling away of dead skin) to the right toes. The plan was to admit Tenant #1 from the clinic for hydration and to complete a peripheral angiogram with revascularization.

According to a Nurse Review dated 10-5-17, at a doctor appointment no pulse was found in Tenant #1's foot with a Doppler. Surgery was completed and it was planned to keep Tenant #1 for one night. Tenant #1 had been on 20 days of antibiotic treatment for the foot prior to hospitalization.

Nurse's Notes/Service Notes dated 10-6-17 indicated Tenant #1 returned from the hospital after doctor performed ankle brachial index bilateral and arterial duplex lower bilateral. Tenant #1 returned with new orders. Record review revealed Tenant #1's service plan, dated 6-24-17, failed to reflect Tenant #1's health and circulatory system issues, hospitalization, wound care orders and antibiotic therapy. When interviewed on 10-11-17 at 9:56 a.m., the RN Manager confirmed wound care was not included in Tenant #1's current service plan. The RN Manager revealed Tenant #1 had two sores on the right foot. Orders were received for antibiotics and the tenant was seen at a wound clinic. Continued treatment included an appointment at a vein specialist, admission to the hospital, and surgery. Tenant #1 had current orders for wound care twice daily.

PROVIDER'S PLAN OF CORRECTION

1. Elements detailing how the program will correct each regulatory insufficiency.
    - RN manager will update service plan when doing a significant change review.
2. Measures taken to ensure the problem does not recur.
    - Check sheet made to help RN follow Protocol, with visual reminders about when to do updates with reviews.
3. How the program plans to monitor performance to ensure compliance.
    - Chart audits will be done the first week of every month by the RN Manager, to ensure charts are up to date.
4. The date by which the regulatory insufficiency will be corrected.
    - Plan was corrected on 10/11/17 and sent with Stephanie Cummins upon exit of survey.

(x4) ID PEFIX TAG A 118
[redacted]

481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.

67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.

This Requirement is not met as evidenced by:
A 118 Based on interview and record review the Program failed to obtain a completed criminal history background check prior to employment for 1 of 4 staff reviewed (Staff A). Findings follow:

1. Record review of Staff A's file revealed a hire date of 9-1-17. A background check was completed on 9-1-17 at 11:44 a.m. and revealed further research required for the criminal history background check. The abuse registries background check did not reveal any results. On 9-5-17 further research indicated no record was found.

Weekly Time Sheet records indicated Staff A worked on 9-1-17 from 6:00 a.m. to 2:30 p.m. The next date Staff A worked was on 9-7-17 from 6:00 a.m. to 2:30 p.m. Training documents revealed Staff A had food safety training and nurse delegation training completed on 9-1-17. Staff A was hired and worked prior to the receipt of the completed criminal background check. An interview with the RN Manager on 10-11-17 at 9:56 a.m. revealed Staff A employed by the Program prior to completion of the background check. The RN Manager stated Staff A shadowed another resident assistant (RA) from 6:00 a.m. to 12:00 p.m. on 9-1-17. During that time Staff A did not provide any direct care to tenants and observed only. On 9-1-17 from 12:00 p.m. to 2:30 p.m. paperwork was filled out and Staff A completed training with the RN Manager. On 9-7-17 staff worked on the floor with another RA and was allowed to assist. Staff A did not provide any direct care to tenants until 9-7-17. Staff A was part time and worked one day per week.

PROVIDER'S PLAN OF CORRECTION

5. Elements detailing how the program will correct each regulatory insufficiency.
    - RN manager will interview and do background checks prior to having shadow day with prospective employees.
6. Measures taken to ensure the problem does not recur.
    - Check sheet made for RN Manager on what protocols to follow during interview and hiring process.
7. How the program plans to monitor performance to ensure compliance.
    - Check sheets will be followed and if not checked off RN cannot go on to next step, prior to getting prior check done first.
8. The date by which the regulatory insufficiency will be corrected.
    - Plan was corrected on 10/11/17 with check sheets in place.