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
	S0362	A. BUILDING: _____ B. WING _____	10/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFIELD RETIREMENT COMMUNITY INC	13731 HICKMAN ROAD URBANDALE, IA 50323

(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: 17 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 17 TOTAL census of Assisted Living Program: 17 The following regulatory insufficiencies were cited during the initial visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	See attached POC 11/10/17	
A 037	481-67.5(6)b Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: b. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the Program failed to ensure medications were adequately secured. This affected 3 of 3 tenants observed (Tenant #1, Tenant #2, and Tenant #3).	A 037		

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

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A 037	Continued From page 1 Findings follow: Observations of medication pass on 9-28-17 at 7:25 a.m. revealed Tenant #1's medications stored in an unlocked cupboard. Observations of medication pass on 9-28-17 at 8:30 a.m. revealed Tenant #2's medications stored in an unlocked cupboard. Observations of medication pass on 9-28-17 at 8:40 a.m. revealed Tenant #3's medications stored in an unlocked cupboard. When interviewed on 9-28-17 at approximately 9:00 a.m., the Registered Nurse (RN) confirmed the medications were not adequately secured. The RN stated she did not realize the medications needed to kept in a locked cupboard or box.	A 037		
A 038	481-67.5(6)c Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: c. The program shall maintain a list of each tenant ' s medications and document the medications administered. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the Program failed to document medication administration. This affected 3 of 3	A 038		

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A 038	Continued From page 2 tenants observed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Observations of medication pass on 9-28-17 at 7:25 a.m. revealed Tenant #1's medications stored in a planner. Tenant #1 also had two eye drops and a nasal spray to be administered in the morning. Continued observations during the medication pass revealed the Certified Nursing Aide/Certified Medication Aide (CNA/CMA) did not have a Medication Administration Record (MAR) to ensure the correct administration of medications and doses. Further observation revealed medications not documented as administered upon completion. Observations of medication pass on 9-28-17 at 8:30 a.m. revealed Tenant #2's medications stored in a medication planner to be administered in the morning. Continued observation revealed the CNA/CMA did not have a MAR to ensure correct medications and doses administered. Further observation revealed medications not documented as administered upon completion. Observations of medication pass on 9-28-17 at 8:40 a.m. revealed Tenant #3's medications stored in a medication planner and had two eye drops and a nasal spray to be administered in the morning. During the med pass the CNA/CMA did not have a MAR to ensure the correct medications and doses were being administered. The medications were not documented as administered. When interviewed on 9-28-17 at 8:47 a.m. Staff D stated they do not have a MAR for med passes. The Registered Nurse is responsible for setting up the med planners. She stated she would not know if any of the medications had changed or if	A 038		

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A 038	Continued From page 3 the number of pills were incorrect in the planner. She confirmed the administration of medications was not documented. When interviewed on 9-28-17 at 9:02 a.m. the Registered Nurse (RN) reported she set up medication planners according to physician's orders. She did not feel the staff needed to carry a MAR with them. According to the RN, staff did not document administration of medications because she assumed the staff completed the task and tenants would inform her if they did not receive their medications. The RN agreed staff would not know if medications were changed or if a pill was missing from the planner. She confirmed staff were unable to ensure tenants received the right medications at the right time without a MAR.	A 038		
A 057	481-67.9(3) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(3) Training documentation. The program shall have training records and staffing schedules on file and shall maintain documentation of training received by program staff, including training of certified and noncertified staff on nurse-delegated procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain training records for delegation of medication administration. This pertained to 1 of 4 staff reviewed (Staff C). Findings follow:	A 057		

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A 057	Continued From page 4 Record review of Staff C's file revealed no documentation of medication administration training from the Program's Registered Nurse (RN). When interviewed on 9-28-17 at 9:02 a.m. the RN confirmed no documentation Staff C's training on medication administration existed. She stated she completed verbal training.	A 057		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently complete comprehensive assessments, including functional, cognitive, and health assessments,	A 037		

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A 037	Continued From page 5 within 30 days of occupancy for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, Tenant #3). Findings follow: 1. Record review revealed Tenant #1 was admitted on 2-23-17. Continued record review revealed assessments completed as follows: a. Functional Assessment completed 2-21-17 and 3-28-17 b. Global Deterioration Scale completed 2-24-17 and 6-9-17 c. Assisted Living Health Assessment completed 2-24-17 and 6-9-17. 2. Record review revealed Tenant #2 was admitted on 4-17-17. Continued record review revealed assessments completed as follows: a. Tenant Functional Assessment completed 5-19-17 and 7-11-17. b. Global Deterioration Scale completed 5-25-17 and 7-11-17. c. Assisted Living Health Assessment completed 5-24-17. No further assessment could be located. 3. Record review revealed Tenant #3 admitted on 5-24-17. Continued record review revealed assessments completed as follows: a. Tenant Functional Assessment completed on 5-19-17 and 7-11-17. b. Global Deterioration Scale completed 5-25-17 and 7-11-17. c. Assisted Living Health Assessment completed 5-24-17. No further assessment could be located. When interviewed on 10-02-17 at 11:25 a.m. the Registered Nurse confirmed comprehensive assessments were not completed within 30 days.	A 037		

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A 039	481-69.23(1)b Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to discharge a tenant requiring an excessive level of care. This pertained to 1 of 3 tenants reviewed (Tenant #2). Findings follow: Record review revealed Tenant #2's diagnoses included: hemiplegia of the right side, history of stroke, osteoarthritis, and movement disorder. Continued record review revealed Tenant #2's Interdisciplinary Progress Notes, dated 6-1-17, documented a conversation with the family concerning Tenant #2 not being a consistent one person transfer and that a higher level of care may be needed. Further review revealed a note, dated 8-8-17, documented a meeting held with the family concerning Tenant #2 not being a consistent one person transfer and needed a higher level of care. The family was resistant to this determination and the Program was waited for directions from upper management concerning the move to a higher level of care. Additional record review revealed Physical Therapist (PT) Progress and Discharge	A 039		

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A 039	Continued From page 7 Summary, dated 7-12-17, documented Tenant #2 received PT from 4-25-17 to 7-2-17 and had a goal to transfer safely from sitting to standing. Tenant #2 was not consistent with one person transfers and unable to assist himself/herself due to weakness and fatigue. This note indicated he/she did not make any progress in the four weeks of therapy and required more and more assistance each day. A higher level of care was recommended. When interviewed on 10-02-17 at 11:25 a.m. the Registered Nurse confirmed Tenant #2 required a two person assist with transfers most of the time and a notice of discharge would be issued to the family 10-02-17.	A 039		
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 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 record review the Program failed to develop service plans designed to meet the specific service needs as determined by evaluations. This affected 2 of 3 tenants	A 083		

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A 083	Continued From page 8 reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Record review revealed Tenant #1 was admitted on 2-23-17. Assessments were completed as follows: a. functional assessment: completed 2-21-17 and 3-28-17. b. Global Deterioration Scale: completed 2-24-17 and 6-9-17. c. health assessment: completed 2-24-17 and 6-9-17. Continued record review revealed Tenant #1's initial service plan completed 2-24-17 and reviewed 3-28-17. Record review revealed evaluations not completed prior to update of the service plan. 2. Record review revealed Tenant #2 was admitted on 4-17-17. Assessments were completed as follows: a. functional assessment: completed 5-19-17 and 7-11-17. b. Global Deterioration Scale completed 5-25-17 and 7-11-17. c. A health assessment was completed on 5-24-17. No additional assessments could be located. Continued record review revealed Tenant #2's initial service plan developed 4-17-17 and updated 6-1-17. Record review revealed evaluations not completed prior to update of the service plan.	A 083		

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A 085	Continued From page 9	A 085		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update tenant service plans within 30 days of admission. This affected 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: 1. Record review revealed Tenant #1 admitted on 2-23-17. Continued record review revealed Tenant #1's initial service plan completed 2-24-17 and reviewed 3-28-17. 2. Record review revealed Tenant #2 admitted on 4-17-17. Continued record review revealed Tenant #2's initial service plan completed 4-17-17 and updated 6-1-17. 3. Record review revealed Tenant #3 admitted on 5-24-17. Continued record review revealed Tenant #3's	A 085		

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A 085	Continued From page 10 initial service plan completed 5-24-17 and updated 7-11-17. When interviewed on 10-02-17 at 11:25 a.m. the Registered Nurse (RN) confirmed the service plans were not updated within 30 days. She stated she knew that a 30 day review was required and must have overlooked doing them.	A 085		
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 individuals service plans to included identified needs and preferences of tenants. This affected 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Observations on 9-28-17 at 7:25 a.m., during Tenant #1's medication pass, revealed staff opened the cupboard, retrieved a medication planner, opened it to put pills into a med cup, and set them down on side table next to Tenant #1. The staff retrieved two vials of eye drops and proceeded to administer drops into Tenant #1's right eye.	A 089		

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A 089	Continued From page 11 Record review revealed Tenant #1's service plan, dated 9-15-17, documented Tenant #1 required reminders to take his/her medications and should receive reminder three times per day. When interviewed on 10-2-17 at 11:25 a.m. the Registered Nurse (RN) confirmed staff administered eye drops for Tenant #1. The RN further confirmed his/her service plan was not individualized the reflect the needs of the Tenant #1. 2. Record review revealed Tenant #2's service plan, dated 9-7-17, noted he/she required assistance to cut up his/her food and set up his/her tray for all meals. Continued record review revealed a Physician Fax Order Request, dated 6-8-17, noted a request sent to the doctor for an ok to advance to thin liquids due to Tenant #2 tolerating them. On 6-12-17 the doctor gave the okay to adjust the diet as recommended. When interviewed on 10-02-17 at 11:25 a.m. the RN confirmed Tenant #2 received a thickened liquid diet ordered by the physician and chose to continue with this instead of going to thin liquids. The service plan was not individualized to reflect the needs and preferences of Tenant #2.	A 089		
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	A 104		

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A 104	Continued From page 12 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 training to staff on sanitation and safe food handling prior to the handling of food. This affected 3 of 4 staff reviewed (Staff A, B, and C). Findings follow: Review of Staff A's file revealed a hire date of 6-13-16. Continued review failed to reveal training on food safety and sanitation prior to handling food. Review of Staff B's file revealed a hire date of 6-13-16. Continued review failed to reveal training on food safety and sanitation prior to handling food. Review of Staff C's file revealed a hire date of 6-13-16. Continued review failed to reveal training on food safety and sanitation prior to handling food. During and interview on 9-27-17 at 12:56 p.m. the Director of Nursing confirmed direct care staff serve room trays, snacks, and/or drinks to the tenants. She further confirmed the Program failed to ensure all staff completed food safety and sanitation training.	A 104		

OK 11/17/17 OK 11/17/17

Deerfield Assisted Living
Survey Exit Date 10/02/2017

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law.

A 037 – Medications have been secured in a locked cabinet assuring only designated team members have access to pharmaceutical agents. The nursing team members have been re-educated on the process for securing medications. An audit will be completed for 3 months to assure medications are secured. Ongoing monitoring of trends and issues related to medication management will become part of the community QAPI process. Correction Date: 11/10/2017.

A 038 - Medications administered to tenants by the program are listed and maintained by the program nurse. Tenants in our assisted living program will have a Medication Administration Record (MAR). The designated team members have received re-education to utilize an individual tenant Medical Administration Record (MAR) to document medications have been taken by the resident. This process will be audited for 3 months for compliance. Ongoing monitoring of trends and issues related to medication management will become part of the QAPI process. Correction Date: 11/10/2017.

A 057 - Designated nursing department team members who participate in medication assistance or administration have received documented re-education regarding assistance with medications. The RN assisted living program manager has been re-educated to this requirement and the training and delegation of our employees involved in medication management. The Director of Nursing or program nurse will complete an audit of training records prior to team member participating in medication administration. This will become part of the program QAPI process. Correction Date: 11/10/2017.

A 039 – An evaluation will be completed for tenants of the assisted living program that meet or exceed state requirements. Tenants will be evaluated through a comprehensive assessment within 30 days of admission, with any significant changes in condition, and on an annual basis. The RN assisted living program manager has been re-educated to this requirement. An Assessment and Service Plan checklist will be utilized for each tenant to ensure timely completion of comprehensive and person-centered evaluations. Auditing of tenant record will be completed for 3 months to assure ongoing compliance. This process will become part of the Program QAPI process. Correction Date: 11/10/2017.

A 083 – Individualized and person-centered tenant service plans have been developed for each tenant based on their comprehensive assessment. The service plan will be updated annually or with changes in condition. The program nurse has been re-educated to this requirement. The service plans will be audited monthly for 3 months to assure compliance. This process will be included in the QAPI process. Correction Date: 11/10/2017.

A 085 – Current tenant service plans have been reviewed and updated, and all tenant service plans will be updated within 30 days of admission if the tenant requires personal or health related care. The program nurse has been re-educated to this requirement. On an ongoing basis, service plans will be reviewed monthly to assure completion and accuracy of service plans that meet individual tenant needs and preferences. Trends or issues related to comprehensive service plans will be included in the QAPI process. Correction Date: 11/10/2017.

A 089 –Tenant service plans have been updated to include identified needs and preferences, and will continue to reflect current needs and preferences. The program nurse has been educated to this requirement. The service plans will be reviewed monthly to assure compliance. The process will be included in the QAPI process. This will be corrected by 11/10/2017.

A 104 – Existing and new team members responsible for food storage, preparation and food handling on the assisted living program will be educated on kitchen sanitation and safe food handling practices. In addition, they will receive annual re-education and training on food protection. The program nurse and nursing team members have been educated to this requirement by the Registered Dietitian and dining services leadership team. Ongoing monitoring trends and issues related to kitchen sanitation, food handling and the dining programs will become part of the community QAPI process. Completion Date: 11/10/2017.