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
	S0086	A. BUILDING: _____ B. WING _____	C 11/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(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	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: 53 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 54 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 69 No regulatory insufficiencies were cited during the investigation of Complaint #71051-C. The following regulatory insufficiencies were cited during the investigation of Complaint #71223-C.	A 000	See attached POC 11/13/17	
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by:	A 013		

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

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A 013	Continued From page 1 Based on observations, interviews, and record review the Program failed to consistently provide adequate and appropriate care for 2 out of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Tenant #1 resided in the memory care unit and had diagnoses of dementia, generalized anxiety disorder, hypertension, overactive bladder, acute conjunctivitis, and histories of urinary tract infections and constipation. Observation on 10-30-17 at 11:36 a.m. revealed Tenant #1's fingernails had dark brown material resembling feces under almost all of his/her fingernails on both hands. He/she sat at the table waiting for breakfast to be served. Observation on 10-31-17 at 8:25 a.m. revealed his/her fingernails still had dark matter under nails, but not as much as the previous day. Observation on 11-6-17 at 5:29 p.m. revealed Tenant #1 had dark brown matter under almost all of his/her fingernails. He/she had finished supper and was picking food out of his/her teeth with his/her dirty fingernails. Review of Service Plan dated 3-1-17 revealed Tenant #1 required to be toileted every two hours. The service plan provided no additional information regarding Tenant #1 handling his/her feces, nor did the service plan provide direction regarding cleaning on his/her fingernails due to this behavior. During an interview on 10-30-17 at 12:56 p.m. Staff A stated Tenant #1 had a history of handling his/her feces. She stated part of morning care included checking fingernails for cleanliness. During an interview on 10-30-17 at 12:23 p.m.	A 013		

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A 013	Continued From page 2 Staff B stated the Tenant #1 had a history of handling his/her feces. She stated part of morning care included checking fingernails for cleanliness. Staff B completed a.m. cares for Tenant #1 on 10-30-17 and failed to provide care that was adequate and appropriate. During an interview on 10-30-17 at 4:16 p.m. Staff C stated the Tenant #1 had a history of handling his/her feces and the staff working with him/her would be responsible for cleaning up any messes right away and not wait for someone else to do it. During an interview on 10-30-17 at 3:51 p.m. Staff D stated the Tenant #1 had a history of handling his/her feces and the staff working with him/her would be responsible for cleaning up any messes's right away and not wait for someone else to do it. During an interview on 10-31-17 at 11:32 a.m. the Nurse Clinician stated that she would expect staff to inspect and clean the fingernails throughout the day of the people that had a history of handling their feces. 2. Tenant #2 resided in the memory care unit and had diagnoses of Alzheimer's disease, diabetes, and conjunctivitis. Observation on 10-30-17 at 11:36 a.m. revealed Tenant #2's fingernails had dark brown material with a very strong odor consistent with feces under almost all of his/her fingernails on both hands. He/she sat at the table waiting for breakfast to be served. At 4:32 p.m. his/her nails were still dirty with an odor. Observation on 10-31-17 at 8:25 a.m. his/her fingernails had small amount of dark material on a few	A 013		

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A 013	Continued From page 3 fingernails. Review of Tenant #2's Service Plan, dated 7-13-17, revealed he/she required assistance with toileting and used incontinence products. The Service Plan did not include history of handling his/her feces and the need to check hands/fingernails as well as his/her surroundings for cleanliness. During an interview on 10-30-17 at 12:56 p.m. Staff A stated that Tenant #2 had a history of handling his/her feces. She stated part of morning care included checking fingernails for cleanliness. On 10-31-17 at 9:26 a.m. Staff A stated that she attempted to clean his/her nails during morning cares on 10-31-17 and did the best she could. During an interview on 10-30-17 at 12:23 p.m. Staff B stated she wasn't sure if Tenant #2 had a history of handling his/her feces. She stated part of morning care included checking fingernails for cleanliness. Staff B completed a.m. cares for Tenant #2 on 10-30-17 and failed to provide care that was adequate and appropriate. During an interview on 10-31-17 at 10:46 a.m. the Nurse Clinician stated that she would expect staff to inspect and clean the fingernails throughout the day of the people that had a history of handling their feces.	A 013		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be	A 089		

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A 089	Continued From page 4 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 observations, interviews, and record review the Program failed to consistently develop individualized service plans to reflect identified needs of tenants. This affected 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Tenant #1 resided in the memory care unit and had diagnoses of dementia, generalized anxiety disorder, hypertension, overactive bladder, acute conjunctivitis, and histories of urinary tract infections and constipation. Observation on 10-30-17 at 11:36 a.m. revealed his/her fingernails had dark brown material resembling feces under almost all of his/her fingernails on both hands. He/she sat at the table waiting for breakfast to be served. Observation on 10-31-17 at 8:25 a.m. revealed his/her fingernails were clean. Observation on 11-6-17 at 5:29 p.m. revealed Tenant #1 had dark brown matter under almost all of his/her fingernails. He/she had finished supper and picked food out of his/her teeth with his/her dirty fingernails. During an interview on 10-30-17 at 12:56 p.m. Staff A reported Tenant #1 had a history of handling his/her feces. She stated part of morning care included checking fingernails for cleanliness.	A 089		

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A 089	Continued From page 5 During an interview on 10-30-17 at 12:23 p.m. Staff B stated Tenant #1 had a history of handling his/her feces. She stated part of morning care included checking fingernails for cleanliness. Staff B completed a.m. cares for Tenant #1 on 10-30-17 and failed to clean fingernails appropriately. Record review revealed Tenant #1's Service Plan, dated 3-1-17, noted Tenant #1 required assistance to be toileted every two hours. The Service Plan failed to note the tenant's history of rectal digging and failed to provide any direction regarding the need to check fingernails and surrounding areas for cleanliness. During an interview on 10-31-17 at 11:32 a.m. the Nurse Clinician stated that she would expect staff to inspect and clean the fingernails throughout the day of the people that had a history of messing with their feces. She stated she added this to Tenant #1's service plan today as it was previously not included. 2. Tenant #2 resided in the memory care unit and had diagnoses of Alzheimer's disease, diabetes, and conjunctivitis. Observation on 10-30-17 at 11:36 a.m. revealed his/her fingernails had dark brown material with a very strong odor consistent with feces under almost all of his/her fingernails on both hands. He/she sat at the table waiting for breakfast to be served. Observation on 10-31-17 at 8:25 a.m. revealed his/her fingernails had small amount of dark material on a few fingernails. During an interview on 10-30-17 at 12:56 p.m. Staff A reported Tenant #2 had a history of messing around with his/her feces. She stated	A 089		

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A 089	Continued From page 6 part of morning care included checking fingernails for cleanliness. 10-31-17 at 9:26 a.m. Staff A stated that she attempted to clean his/her nails during morning cares on 10-31-17 and did the best she could. During an interview on 10-30-17 at 12:23 p.m. Staff B stated Tenant #2 had a history of messing around with his/her feces. She stated part of morning care included checking fingernails for cleanliness. Staff B completed a.m. cares for Tenant #2 on 10-30-17 and failed to clean fingernails appropriately. Record review revealed Tenant #2's service plan, dated 7-13-17, noted Tenant #2 required assistance with toileting and used incontinence products. The Service Plan failed to include history of handling his/her feces and the need to check hands/fingernails, as well as his/her surroundings, for cleanliness. During an interview on 10-31-17 at 11:32 a.m. the Nurse Clinician stated she would expect staff to inspect and clean the fingernails of the people that had a history of messing with their feces throughout the day. She stated she added this to Tenant #2's service plan today as it was previously not included.	A 089		

OK
12/15/17

✓ 12/18/17

Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, Iowa 50158
Telephone: 641-752-8410
Fax Number: 641-752-8515

Date: December 15, 2017

Re: Glenwood Place Investigation #71051-C and 71223-C

Program POC: #71223-C

Tenants' Rights: Based on observations, interview and record review the Program failed to consistently ensure consideration, respect, and full recognition of personal dignity. Observations revealed two tenants in the dementia unit known to handle their feces. Observation revealed feces beneath the fingernails of their tenants during more than one observation.

1. **Elements detailing how the Program will correct each regulatory insufficiency.**
   Nails for tenants identified were cleaned on October 30th, 2017. Service plans were updated on 10-31-17 to ensure monitoring of nails and cleaning as needed. ISP also reflects need for staff to report to Program RN any changes in bowel continence.
2. **Measures taken to ensure the problem does not recur.**
   Staff was educated on 11-2-17 about importance of monitoring tenant's nails, and to clean as needed. Staff was instructed to report any changes in behaviors of any tenants to the Program RN.
3. **How the Program plans to monitor performance to ensure compliance.**
   Program Manager and Coordinators will continue to check tenant's nails, daily 11-13-17 through 12-31-17, weekly for 8 weeks and with periodic spot checks on tenants with known cognitive decline afterwards to ensure that our tenants dignity and hygiene is maintained. A RN Memory Care Coordinator position has been created to ensure compliance.
4. **The date by which the regulatory insufficiency will corrected.**

   The date by which this insufficiency will be corrected will be 11-13-17.

Service Plans: Based on observations, interview and record review the Program failed to develop service plans based on the needs and preferences of tenants. Observations revealed two tenants in the dementia unit were known to handle their feces and the service plans had no information regarding this concern.

1. **Elements detailing how the Program will correct each regulatory insufficiency.**
   Service plans were updated on 10-31-17 to ensure monitoring of nails and cleaning as needed. ISP also reflects need for staff to report to Program RN any changes in bowel continence.

2. **Measures taken to ensure the problem does not recur.**
   Staff was educated on 11-2-17 about importance of reporting any changes in behaviors, continence or cognition to Program RN. Program RN will be responsive to staffs concerns and address each one accordingly.

3. **How the Program plans to monitor performance to ensure compliance.**
   Tasks were added to prompt staff to check nails and clean as needed. Staff educated to report any changes in any of our tenants to Program RN so concerns can be addressed on the ISP and appropriate interventions put into place.

4. **The date by which the regulatory insufficiency will corrected.**

   The date by which this insufficiency will be corrected will be 11-13-17.