√ 1/19/18 OK 1/19/18

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
	S0351	A. BUILDING: _____ B. WING _____	C 12/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	901 SOUTH MENTZER ROAD ROBINS, IA 52328

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 0 Memory Care Unit (if applicable) Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 19 TOTAL Census of Assisted Living Program for People with Dementia: 52 The following regulatory insufficiencies were cited as a result of the investigation of Complaint #71245-C:	A 000	See attached POC 2/1/18	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced	A 003		

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A 003	Continued From page 1 by: Based on interview and record review the Program failed to follow policy and procedure for completion of incident reports for 1 of 4 tenants reviewed (Tenant #2). Findings follow: Record review of Tenant #2's file revealed a diagnosis of altered mental status. Tenant #2 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #2 resided in a dementia unit and was discharged on 12-17-17. Continued record review revealed the following: a. A Staff Documentation/Communication to the registered nurse (RN), dated 9-17-17, reflected Tenant #2 had a "death" grip on staff and started to choke the staff for several minutes before staff could talk him/her down and call for help. Later in the evening Tenant #2 went to bed and 15 minutes later had torn his/her room apart. Further record review failed to produce incident report related to the behavior. b. Progress Notes, dated 10-3-17 at 8:45 a.m., indicated the nurse was called to Tenant #2's apartment, as Tenant #2 was agitated, had bitten a staff member, and slapped another tenant. Further record review failed to produce an incident report related to the behavior. Record review revealed the Program's policy and procedure regarding incident reports indicated staff would notify the registered nurse (RN)/Manager if a tenant had fallen, had unusual tenant behavior or any unusual event that occurred. An incident report form would be	A 003		

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A 003	Continued From page 2 completed by the RN or Manager for documentation purposes. When an incident report was written it would be factual, to the point and signed with date and time. Witnesses of the incident would also provide a factual statement on the form. The incident report would be turned in to the RN as soon as possible. The RN was responsible to follow up with a nurse review within 24 hours of the reportable incident and enter it into the electronic record system. An interview with the Nurse on 12-19-17 at 12:27 p.m. revealed all available incident reports for Tenant #2 were provided, confirming incident reports were not done for behavioral incidents on 9-17-17 and 10-3-17. According to the Nurse, incident reports were to be completed for anything out of the ordinary, including: falls and aggressive behavior.	A 003		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurses' notes written by exception for 3 of 4 tenants reviewed (Tenants	A 071		

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A 071	Continued From page 3 #2, #3 and #4). Findings follow: 1. Record review of Tenant #2's file revealed a diagnosis of a urinary tract infection (UTI), with an onset date of 9-7-17. Progress Notes indicated the following: a. On 9-7-17 staff alerted the Nurse that Tenant #2's behaviors had become worse. Tenant #2's family was notified of the behaviors and the need to be evaluated in the Emergency Room (ER). An ambulance was called and Tenant #2 was transported to the hospital for evaluation. b. A late entry was created on 10-23-17 as a follow up to a 9-7-17 incident report note with an effective date of 9-7-17. The entry indicated Tenant #2 returned to the Program from the ER and an attempt was made to notify the family. A new order was received for an antibiotic for seven days. The previous order for the three day antibiotic was discontinued. c. A late entry was created on 10-23-17 with an effective date of 9-16-17. The entry indicated Tenant #2 completed the course of antibiotics for a UTI and there were no further signs and symptoms noted. No further follow up at that time. d. A late entry was created on 10-23-17 and was a follow up to a nurse review completed on 9-18-17 with an effective date of 9-25-17. The entry indicated Tenant #2's doctor appointment was canceled as hospice services were started on 9-14-17. Entries in nurses' notes were not timely and nurses' notes were not written by exception for	A 071		

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A 071	Continued From page 4 Tenant #2. 2. Record review of Tenant #3's file revealed a diagnosis of dysphasia following unspecified cerebrovascular disease with an onset date of 9-8-17. Progress Notes indicated the following: a. On 9-6-17 at 8:00 a.m. the Nurse was called to assess Tenant #3. He/she was unable to formulate words and there was slight drooping to the left side of the face. Family was notified and an ambulance was called. Tenant #3 was transferred to the ER for evaluation. b. On 9-6-17 at 1:32 p.m. a phone call was made to the hospital and the Nurse was informed Tenant #3 was admitted as an impatient. c. A late entry was created on 9-15-17 with an effective date of 9-8-17. The entry indicated Tenant #3 still had some difficulty with speech. Medication changes were noted and family continued to set up medications. d. A late entry was created on 10-23-17 with an effective date of 9-8-17. The entry indicated Tenant #3 returned to the Program after observation at the hospital and it referenced the change of condition evaluation that was completed. Entries in nurses' notes were not timely and nurses' notes were not written by exception for Tenant #3. 3. Record review of Tenant #4's file revealed a diagnosis of low back pain with an onset date of 9-24-17.	A 071		

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A 071	Continued From page 5	A 071		

Progress Notes indicated the following:

a. On 8-24-17 at 6:05 a.m. Tenant #4's family took him/her to the ER as Tenant #4 had severe back and leg pain.

b. On 8-24-17 at 9:00 a.m. Tenant #4's family reported Tenant #4 was admitted to the hospital.

c. On 8-27-17 Tenant #4's family reported Tenant #4 would be discharged to a skilled nursing facility (SNF) before returning to the Program.

d. A late entry was created on 10-23-17 with an effective date of 9-17-17. The entry indicated a change of condition assessment was completed after Tenant #4 returned to the Program after a SNF stay. Tenant #4 would receive physical therapy (PT) and occupational therapy (OT) from an outside agency for continued strengthening. A bath aide would also be set up.

e. A late entry was created on 10-23-17 with an effective date of 10-17-17. The entry indicated a change of condition assessment was completed as PT, OT and home health services were discontinued. The service plan was updated to reflect the discontinuation of home health services.

Entries in nurses' notes were not timely and nurses' notes were not written by exception for Tenant #4.

When interviewed on 12-19-17 at 12:27 p.m. the Nurse confirmed documentation in progress notes should be completed as soon as possible. The Nurse explained it was based on nursing judgement; however, within 24 hours.

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OK 1/19/18
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Complaint Intake #: 71245-C

Plan of Correction (POC) Submitted For:

- Investigation Date: 10/18-19, 24 2017 & 12/19/2017

A. Policy & Procedures: *481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program.*

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. Incident report training was completed with staff 11/2/17 by the Program RN. Further education was also provided to RN to direct staff on when to complete incident reports. Staff Training included

-when to complete an incident report
-how to complete with adequate detail.
-person responsible for reporting to the Program RN and Manager
-Time frames for notification and completion of incident reports

2. Actions program taking to protect tenants in similar situations:

a. The Program RN has provided training with staff to ensure that paper incident reports are completed at time of incident, or the shift. Incidents are then given to the RN for review and completion on 11/2/17.

b. The program RN and manager will continue to provide ongoing training regarding incident reporting compliance with staff with any new hire and as needed.

3. Measures taken to ensure problem does not recur:

a. The Program RN will continue to provide training to staff on appropriate documentation. This will be completed upon hire, annually and ongoing as needed.

b. The manager and Program RN provided education to staff on 11/2/17 regarding incident reporting. Additional follow up training will be provided to all staff on January 11, 2018.

B. Tenant Documents *69.25(1) Documentation for each tenant shall be maintained by the program and shall include:*
i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. Notes were entered by the program RN for Tenant #2, #3, #4 on 10/23/17.

2. Actions program taking to protect tenants in similar situations:

a. The Program RN will ensure timely entry of nurse notes and reviews beginning 1/10/2018.

b. The program RN will provide training for staff on documentation requirements on 1/11/2018 to include:
-Notification of program RN of resident changes in services or resident service requests
-Additional services provided to residents as needed or requested
-Changes in resident current status or behaviors

c. The program RN will provide additional training for staff upon hire, ongoing and annually.

3. Measures taken to ensure problem does not recur:

a. The Program RN will continue to provide training to staff on appropriate documentation. This will be completed upon hire, annually and ongoing as needed.

The Program will be in substantial compliance by 2/1/2018.

Disclaimer for POC

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

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