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 _____	R 12/14/2017

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}	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: 0 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 15 The following regulatory insufficiencies were cited during the revisit of the intial certification visit conducted to determine compliance with certification for an Assisted Living Program. 231C.5 Written occupancy agreement required. Based on interview and record review, the Program failed to consistently execute occupancy agreements prior to admission to the Program. This affected 1 of 3 tenants (Tenant #3). Finding follows: A review of documentation revealed no occupancy agreement for Tenant #3. When interviewed on 12/14/17 at 10:52 a.m., the Administrator confirmed an occupancy agreement could not be located for Tenant #3.	{A 000}	See attached POC 11/2/18	

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

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{A 057}	Continued From page 1	{A 057}		
{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 5 of 8 staff reviewed (Staff members #6, #7, #8, #9 and #10). Findings follow: When interviewed the registered nurse (RN) reported Staff F, G, H, I, and J administered medications. Record review on 12/13/17 revealed documentation of nursing delegation for medication administration could not be located. When interviewed on 12/14/17 at 9:46 AM the RN stated she explained her expectations to all staff members who administered medications, but confirmed there was no written documentation of the training.	{A 057}		
A 000	Initial Comments 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	A 000		

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A 000	Continued From page 2 and as needed with significant change, but not less than annually. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties. Based on interview and record review, the Program failed to ensure tenant service plans were updated, signed and dated within 30 days of occupancy. This affected 1 of 3 tenants reviewed (Tenant #3). Finding follows: Record review revealed Tenant #3 moved to the Program on 10/18/17. Additional record review revealed Tenant #3 did not have a service plan, and therefore failed to have a service plan updated, signed and dated within 30 days of occupancy. When interviewed on 12/14/17 at 9:23 a.m., the Administrator confirmed the Program failed to ensure Tenant #3's service plan was updated, signed, and dated within 30 days of occupancy.	A 000		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if	A 036		

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A 036	Continued From page 3 applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to consistently ensure completion of cognitive and health assessments prior to occupancy for 1 of 3 tenants reviewed (Tenant #3). Finding follows: Record reviewed revealed Tenant #3, admitted to the Program on 10/18/17. Continued record review revealed functional evaluations completed 10/17/17 and 10/27/17; however, evaluations of Tenant #3's health and cognition could not be located. When interviewed on 12/14/17 at 9:23 a.m. the Administrator confirmed the Program failed to complete health and cognition evaluations prior to admission.	A 036		
{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	{A 037}		

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{A 037}	Continued From page 4 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 cognitive and health assessments within 30 days of occupancy for 1 of 3 tenants reviewed (Tenant #3). Finding follows: Record reviewed revealed Tenant #3, admitted to the Program on 10/18/17. Continued record review revealed functional evaluations completed 10/17/17 and 10/27/17; however, evaluations of Tenant #3's health and cognition could not be located. When interviewed on 12/14/17 at 9:23 a.m., the Administrator confirmed the program failed to complete health and cognitive evaluations within 30 days of occupancy.	{A 037}		
{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	{A 083}		

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{A 083}	Continued From page 5 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 interview and record review, the Program failed to develop a preliminary service plan designed to meet the specific service needs as determined by evaluations for 1 of 3 tenants reviewed (Tenant #3). Finding follows: Record review revealed Tenant #3 took occupancy at the Program on 10/18/17. Additional record review revealed a functional assessment, completed 10/17/17; however, cognitive and health assessments were not completed. Continued record review revealed no service plan for Tenant #1. When interviewed on 12/14/17 at 9:23 a.m., the Administrator confirmed a preliminary service plan was not developed based on evaluations, as the initial cognitive and health assessments were not completed for Tenant #3 prior to admission to the Program.	{A 083}		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a	A 084		

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A 084	Continued From page 6 dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to consistently ensure preliminary service plans developed prior tenants taking occupancy. This affected 1 of 3 tenants reviewed (Tenant #3). Finding follows: Record review revealed Tenant #3 moved to the Program on 10/18/17. Continued record review revealed no initial service plan completed. When interviewed on 12/14/17 at 9:23 a.m., the Administrator confirmed no preliminary service plan for Tenant #3 had been developed.	A 084		
{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.	{A 085}		

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{A 085}	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to consistently update tenant service plans within 30 days of a tenant's occupancy and with a significant change. This affected 1 of 3 tenants reviewed (Tenant #3). Finding follows: Record review revealed Tenant #3 moved to the Program on 10/18/17. Continued record review revealed and undated timeline of Tenant #3's time at the Program. According to the timeline, Tenant #3 had a "casual move to IL [Independent Living] for separation during abuse allegation with staff." Tenant #3 returned to Assisted Living on 11/9/17. On 11/26/17, Tenant #3 was admitted to the hospital for a GI bleed. Tenant #3 was admitted to a skilled nursing facility on 12/1/17 and then returned to the Assisted Living Program on 12/5/17. Additional record review revealed Tenant #3 had no service plan update to address these significant changes and, in fact, had no service plan in place at all. When interviewed on 12/14/17 at 9:23 a.m., the Administrator confirmed no service plan in place for Tenant #3 documenting the significant changes.	{A 085}		

1/19/18 OK 1/19/18

Deerfield Assisted Living
Survey Exit Date 12/14/2017

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 000 – A written occupancy agreement will be in place prior to resident moving into community. The RN assisted living program manager has been re-educated to this requirement. Auditing of tenant record will be completed monthly for 3 months to assure ongoing compliance (see attached Tenant documentation checklist) Correction date: 01/12/2018.

A 057 – The community's assisted living program has an RN program manager who provides assistance with medication set-up upon the tenant's request. The program only utilizes certified nursing assistants who provide cueing, reminding, opening containers or packaging at the direction of the tenant, and reading instructions or label information. The program certified nursing assistants have received documented re-education on nurse delegation of medication administration (see attached Nurse Delegation on Medication Administration form). The RN assisted living program manager has been re-educated to this requirement. 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: 01/12/2018.

A 036 – An evaluation will be completed for tenants of the assisted living program that meet or exceed state requirements prior to signing an occupancy agreement. Tenants will be evaluated through a cognitive evaluation, using the Global Deterioration Scale subsequently. The RN assisted living program manager has been re-educated to this requirement. An assessment 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: 01/12/2018.

A 037 - 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: 01/12/2018.

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: 01/12/2018.

A 084 – Preliminary tenant service plans will be developed for each tenant prior to signing an occupancy agreement. The service plan will be completed by the RN assisted living program manager who has been educated to this requirement. The service plan will be signed off by the tenant and/or the tenant's legal

representative as well as the RN assisted living program manager. This process will be included in the QAPI process. Completion date: 01/12/2018.

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: 01/12/2018.