

1/25/18

PRINTED: 01/03/2018
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0273	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/13/2017
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 EAST KANESVILLE BLVD CO BLUFFS, IA 51503		
(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. Number of tenants without cognitive disorder: 17 Number of tenants with cognitive disorder: 4 TOTAL census of Assisted Living Program: 21 The following regulatory insufficiency was cited during the investigation of Complaint #71199-C.	A 000			
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 interview and record review the Program failed to complete a comprehensive assessment and to update the service plan following a change in condition for 1 of 2 tenants reviewed (Tenant #1). Findings include:	A 083	Plan of Correction is attached DDix - 1/25/18		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 083	Continued From page 1 On 12/12/17 at 10:00 a.m. record review revealed Tenant #1 was admitted to the Program on 6/11/14 with a diagnosis of Alzheimer's disease. Tenant #1's most recent service plan revealed he/she had fallen one time in the past year prior to the development of the plan on 2/10/17. A review of nurses' notes and incident reports revealed the tenant fell on 2/26/17, 3/01/17, 3/02/17, 3/13/17, 3/17/17 and 3/21/17. A nurse review was completed by the Director of Nursing on 3/24/17 to address the falls. The nurse review revealed some of the falls occurred when the tenant was returning from the bathroom between 6:30 p.m. and 7:00 p.m. Staff already assisted the tenant with ambulation to and from the bathroom and would be instructed to be with the tenant during that time frame to assist and prevent attempts at independent ambulation. Orders for PT/OT services were also obtained from the tenant's physician which were expected to be short term in nature. A comprehensive evaluation of Tenant #1's health, cognitive and functional status was not completed following the 3/24/17 nurse review even though the tenant had experienced a significant change. Tenant #1's service plan dated 2/10/17 was not revised to include the mobility management interventions noted in the nurse review. On 12/12/17 at 12:53 p.m. the Executive Director and the Director of Nursing confirmed a comprehensive evaluation had not been completed following a significant change and the service plan was not modified to include mobility management interventions.	A 083		

✓ 1/25/18

Plan of Correction

Service Plans A083

In regard to tenant #1 to ensure problems with service plan updates do not recur Director of Nursing has reviewed Primrose's Change of Condition Policy. Director of Nursing will complete a comprehensive assessment and update the service plan of each tenant for the following: 2 or more falls in a month, resident has increased falls (1 per month for 3 months), and/or admission to a 3rd Party Provider. Tenant #1 no longer in this facility, Director of Nursing will apply the policy to all current and future tenants. To ensure this problem with service plan updates does not recur the Primrose Change of Condition Policy will be reviewed with all nurses and they will be re-educated on how to report and identify a change of condition. To monitor performance and ensure compliance the Regional Nurse Manager will perform routine audits of tenant records. Will be corrected by 01/05/2018.

✓ [Signature] 1/25/18