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
	S0301	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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: 24 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 24 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	POC 1/10/18	
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.	A 037		

[redacted]

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A 037	Continued From page 1 [redacted] Based on interview and record review the Program failed to complete evaluations within 30 days of occupancy and as needed with significant change. This affected 2 of 4 tenants reviewed (Tenants #3 and #4). Findings follow: 1. Record review of Tenant #3's file revealed a diagnosis of pain in unspecified joint. Continued record review revealed resident progress notes documented the following: a. On 10-17-17 a nurse review documented Tenant #3 was discharged from hospice services and required assistance of one person for transfers. b. On 12-14-17 an update to Tenant #3's service plan directed Tenant #3 required a two-person transfer due to bilateral lower extremity weakness. A home health agency would come every day from 12:00 p.m. to 4:30 p.m. to assist with transfers. Further record review revealed no cognitive, health and functional evaluations completed with significant change with a change in Tenant #3's transfer ability and needs, when Tenant #3 required assistance of two people for transfers. Evaluations were not completed as needed with significant change. 2. Record review of Tenant #4's file revealed an admission date of 7-31-17. Cognitive and health evaluations reflected a completion date of 9-25-17 and the functional evaluation was completed on 9-22-17. Evaluations were completed; however, not within 30 days of taking occupancy.	A 037	Comprehensive change of Condition was completed for Resident #3 on 1-10-2018. To prevent this from happening in the future, an additional check off item for the 30 day evaluation was added to our New Resident Admission procedure/check-off list in the computer file. In addition, a 30 day evaluation reminder will be added to Matrix. To determine if a Change of Condition is needed versus an ISP Update, the RN will follow the flow chart provided by DIA/Table A and communicate decision with Administrator.	

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A 037	Continued From page 2 When interviewed on 1-9-18 at 4:26 p.m. the Nurse confirmed Tenant #4's evaluations were not completed within 30 days of taking occupancy.	A 037		
A 086	481-69.26(3)a 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. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. [redacted] Based on interview and record review the Program failed to update service plans within 30 days of taking occupancy and failed to obtain signatures when a significant changed triggered the review and update of the service plan. This affected 2 of 4 tenants reviewed (Tenants #3 and #4). Findings follow: 1. Record review of Tenant #3's file revealed a diagnosis of: pain in unspecified joint. Continued record review revealed resident	A 086	Comprehensive change of Condition was completed for Resident #3 on 1-10-2018. In addition, to prevent this from happening in the future, an additional check off item for the 30 day evaluation was added to our New Resident Admission procedure/check-off list in the computer file. In addition, a 30 day evaluation reminder will be added to Matrix. To determine if a Change of Condition is needed versus an ISP Update, the RN will follow the flow chart provided by DIA/Table A and communicate decision with Administrator. Administrator will double check that all signatures are present when significant change triggers review and update of ISP.	

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A 086	Continued From page 3 progress notes indicated the following: a. On 10-17-17 a nurse review was completed and reflected Tenant #3 was discharged from Hospice services and required assistance of one person for transfers. b. On 12-14-17 a service plan update was completed and reflected Tenant #3 was a two-person transfer due to bilateral lower extremity weakness. A home health agency would come every day from 12:00 p.m. to 4:30 p.m. to assist with transfers. Further record review revealed the service plan dated 10-17-17 reflected Tenant #3 required assistance of one for transfers. The service plan was updated on 12-22-17 and reflected Tenant #3 required a two-person transfer; however, Tenant #3 did not sign the service plan when a significant change occurred. The service plan was not signed by all parties when a significant change triggered the review of the update of the service plan. 2. Tenant #4 was admitted on 7-31-17. A service plan was updated on 9-22-17; however, it was not updated within 30 days of taking occupancy. The service plan for Tenant #4 was not updated within 30 days of taking occupancy. When interviewed on 1-9-18 at 4:26 p.m. the Nurse confirmed Tenant #4's service plan was not updated within 30 days of taking occupancy.	A 086		
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 [redacted] Based on interview and record review the Program failed to develop service plans to reflect the identified needs of tenants. This affected 2 of 4 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Record review revealed Tenant #1's diagnoses included: chronic pain and age-related osteoporosis without current pathological fracture. Continued record review revealed resident progress notes documented on 1-5-18 a nurse review reflected Tenant #1 began having severe back pain and staff would administer medications accordingly. Tenant #1 had a Fentanyl patch applied every three days for pain. Tenant #1 had a diagnosis of osteoporosis and a history of compression fractures. A Lidoderm patch was ordered for back pain. Further record review revealed Tenant #1's service plan updated on 1-5-18 reflected staff administered unit dosed medications set up by pharmacy; however, did not address the application and removal of the patches. The service plan did not reflect the identified needs of Tenant #1. 2. Record review of Tenant #3's file revealed a diagnosis of pain in unspecified joint.	A 089	ISP for resident #1 was reviewed and updated on 1/10/2018. A montly RN and caregiver review was put into place to ensure that all resident needs are reflected in the ISP. The ISP was reviewed and updated for resident #3. The use of a gait belt for transfers will now be specified on all ISP. Directions for care will be detailed for instructions.	

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A 089	Continued From page 5 Continued record review revealed resident progress notes documented on 12-14-17 Tenant #3's service plan was updated to reflect he/she required a two-person transfer due to bilateral lower extremity weakness. A home health agency would come every day from 12:00 p.m. to 4:30 p.m. to assist with transfers. Further record review revealed the service plan updated 12-22-17 reflected Tenant #3 was an assist of two for transfers. It also indicated Tenant #3 requested to go to bed at 8:00 p.m. and use the bed pan until Tenant #3 was up for the day at approximately 8:30 a.m. When interviewed on 1-9-18 at 4:26 p.m. the Nurse stated Tenant #3 had a hospital bed and a gait belt was used at all times for the two-person transfer. At night Tenant #3 rolled himself/herself in bed and staff put the bed pan under him/her to assist with toileting per Tenant #3's request. Continued record review revealed Tenant #3's service plan did not reflect the use of the gait belt for all transfers, the hospital bed or staff assistance with the bed pan per Tenant #3's request. The service plan did not reflect the identified needs of Tenant #3.	A 089		