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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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: 45 Number of tenants with cognitive disorder: 7 TOTAL census of Assisted Living Program: 52 An investigation of Complaint #70696-C was completed and the following regulatory insufficiencies were identified:	A 000	See attached POC 2/28/18	
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: Based on interview and record review the Program failed to provide adequate and appropriate care, treatment and services for 1 of 3 tenants reviewed (Tenant #2). Findings follow: 1. Record review of Tenant #2's file revealed Tenant #2 staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Additional record review revealed the following:	A 013		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 013	Continued From page 1 a. An incident report indicated on 6-18-17 at 4:00 p.m. staff went to Tenant #2's apartment to give his/her medication and heard Tenant #2 crying out for help before the door was opened. Tenant #2 was found on the floor with his/her feet near the coffee table. A red mark was noted on his/her forehead and a carpet abrasion on the right knee. Staff assisted Tenant #2 to stand and ambulate without difficulty. Tenant #2 continued to complain of head pain. Family took Tenant #2 to the hospital for evaluation and treatment. The fall in Tenant #2's apartment was unwitnessed and did not occur in the bathroom or at bedside. Steps taken to prevent recurrence included: a service plan review, staff disciplinary action and staff education. Tenant #2 was admitted to the hospital with a diagnosis of fall with shortness of breath. The incident report was completed by the Former Nurse on 6-19-17. b. A First Responder Worksheet and statement indicated on 6-18-17 at 4:00 p.m. Staff A went to give Tenant #2 his/her afternoon medications and when Staff A got to the door she could hear Tenant #2 calling for help. When Staff A arrived Tenant #2 was on the floor and was still in his/her nightclothes. Tenant #2 could not recall how long he/she had been laying there. Tenant #2 had the call pendant on his/her wrist; however, had not used it to call for help. Tenant #2 did not know what the pendant was when asked. Tenant #2's family was called and they took Tenant #2 to the hospital. c. Resident Services Notes dated 6-19-17 indicated Tenant #2 fell in his/her apartment on 6-18-17 at 4:00 p.m. Family transported Tenant #2 to the hospital for evaluation and treatment and Tenant #2 was admitted. On 6-20-17 Resident Services Notes indicated family	A 013		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 013	Continued From page 2 reported Tenant #2 would be transferred to a skilled facility on 6-22-17. Resident Services Notes dated 7-14-17 indicated Tenant #2 would not be returning and required a higher level of care. d. A Notice of Voluntary Termination, dated 7-24-17, indicated Tenant #2 would move out of the apartment and remove all belongings by 8-24-17. The reason given for moving out was "neglectful care." e. Review of Tenant #2's pendant history for June 2017 did not reveal a pendant call for assistance on 6-18-17. f. June 2017 medication administration records revealed 8:00 a.m. medications were documented as administered. There were no scheduled medications to be administered between 8:00 a.m. and 4:00 p.m. g. Further record review revealed a service plan dated 4-7-17; however, it was not signed. The service plan dated 4-7-17 reflected bathing twice per week on Tuesday and Friday mornings. It reflected staff was to ensure clothing was clean and Tenant #2 needed assistance with grooming around 9:30 a.m. to 10:00 a.m. The service plan reflected Tenant #2 received a breakfast tray daily at 9:30 a.m. to 10:00 a.m. The service plan indicated staff would assist with dressing, grooming and would provided a breakfast tray in the morning. h. Task sheets for 6-18-17 were requested. One of the first shift task sheets for 6-18-17 was located; however, the remaining task sheets for first shift on 6-18-17 could not be located. The task sheet reflected from 6:10 a.m. to 9:00 a.m.	A 013		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 013	Continued From page 3 Tenant #2 had morning cares and staff was to apply powder when areas were reddened, fix his/her hair, provider reminders to brush his/her teeth and showers were on Tuesday and Fridays in the morning. It indicated Tenant #2 received a breakfast tray. The task sheet also indicated from 11:00 a.m. to 11:30 a.m. staff was to remind tenants and escort tenants to lunch. On the task sheet provided there were highlighted apartments and tenant names. Tenant #2's apartment number and name were not highlighted on the task sheet provided. i. Disciplinary actions as referenced on the incident report were requested and could not be located. Staff education was referenced on the incident report and documentation related to the staff training was provided. A staff meeting was held on 6-21-17 and one of the agenda items involved task sheets. According to notes from the staff meeting dated 6-21-17, some tasks were being skipped and all tasks were to be provided. A tenant was hospitalized over the weekend and money was being returned to family who paid for cares the tenant did not receive. Starting on 6-21-17 staff would date and initial the task sheet once completed. If a tenant refused a care it would be documented. Staff would be re-trained in order to ensure no tasks were skipped When interviewed on 1-11-18 at 4:04 p.m. Staff A reported she worked a 12 hour shift on the day of Tenant #2's fall. She remembered going to Tenant 2's apartment that morning to give Tenant #2 his/her morning medications. Tenant #2 did not receive noon medications. She went to the apartment again at approximately 3:30 to 4:00 p.m. to give Tenant #2 his/her medications. Tenant #2 was found on the floor on his/her stomach and was in his/her nightclothes. The	A 013		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 013	Continued From page 4 walker Tenant #2 used for mobility was not near him/her when Tenant #2 was found. Tenant #2's knee was skinned up and vitals were taken. Tenant #2's family was called and took him/her out to the hospital. At the time Tenant #2 was found Tenant #2 had the pendant on; however, had not used it. Tenant #2 typically did not come down for breakfast and she did not believe Tenant #2 came down for lunch on the day of the fall. Staff did not have to bring Tenant #2 down for meals or provide reminders for meals. A lot of times staff would check on a tenant if they did not come down for a meal. There was not a lot of staff on the day of Tenant #2's fall and they were busy. Staff A did not receive any disciplinary action related to the incident. When interviewed on 1-11-18 at 2:03 p.m. Former Nurse A revealed Tenant #2 was found in his/her apartment when staff went to give medications. She did not know what Tenant #2 wore, but she did not think Tenant #2 was dressed for the day. Tenant #2 was independent in his/her apartment and staff was to assist Tenant #2 with dressing. Tenant #2 went to the hospital and did not have any fractures from the fall. Staff were re-educated regarding following task sheets and taking task sheets with them. She thought the unnamed tenant that was hospitalized as referenced in the staff meeting minutes would be Tenant #2. Tenant #2's family was upset regarding the lack of cleanliness in Tenant #2's apartment (post fall). The Former Nurse and Former Interim Executive Director observed Tenant #2's bathroom (post fall) and saw feces on the toilet seat. When interviewed on 1-11-18 at 3:08 p.m. the Executive Director revealed all task sheets for the time period requested were provided. There was	A 013		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 013	Continued From page 5 no written policy on tenant checks if a tenant did not show up for a meal. The practice (assisted living side) was for staff to check on tenants to determine if a tray was needed. There was no documentation of the checks. There was no documentation of apartment cleaning. Of the staff listed that received the minutes of the staff meeting on 6-21-17, Staff B was the only remaining current staff. Interview with Staff B on 1-11-18 at 12:23 p.m. revealed she attended the in-service meeting on 6-21-17. Staff B confirmed the tenant reference in the meeting due to hospitalization and concern with services was Tenant #2. Staff was educated to take the task sheets with them into the tenant apartments. Interview with Staff C on 1-11-18 at 1:05 p.m. revealed if a tenant did not attend a meal as scheduled staff would check on them to determine what was going on and they could get a room tray if needed. Staff did not document the meal attendance. Interview with Staff D on 1-11-18 at 1:35 p.m. revealed if a tenant did not attend a meal as scheduled staff would check on the them to determine the reason and would bring them a tray if needed. In summary, Tenant #2 was seen in the morning on 6-18-17 when 8:00 a.m. medications were administered. Tenant #2 was scheduled to receive staff assistance with dressing/grooming and was found at 4:00 p.m. still wearing his/her nightclothes. Tenant #2 typically had lunch in the dining room. Although there was no written policy regarding documentation of meal checks, staff interviews revealed a standard practice of staff	A 013		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 013	Continued From page 6 checking on tenants if they did not attend a meal. There was no documentation to indicate if Tenant #2 attended the noon meal on 6-18-17; however, Tenant #2 was still in nightclothes at 4:00 p.m. when found post fall and a staff did not believe he/she was at the noon meal. When administrative staff observed Tenant #2's apartment after the fall the toilet seat was soiled. Although no disciplinary actions could be located related to the incident, the incident report identified disciplinary actions occurred. The staff education referenced a unnamed tenant who was hospitalized and cares/services were not provided. The unnamed tenant was identified in interview as Tenant #2. Tenant #2 did not receive care, treatment and services that were adequate and appropriate.	A 013		
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 update service plans as needed and failed to develop service plans to identified	A 083		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 083	Continued From page 7 the specific service needs of tenants. This affected 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Record review of Tenant #2's file revealed Tenant #2 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Continued record review revealed Tenant #2' resident services notes documented on 5-23-17, the Former Nurse and Former Executive Director discussed Tenant #2's service plan with Tenant #2's family. The service plan would be updated to reflect staff would lay out his/her clothing including clean undergarments and protective undergarments to ensure Tenant #2 was clean and wore appropriate clothing. It was also discussed the trash bags were not replaced and to put the garbage bags in a cabinet above the toilet as it was closer to the garbage can. An additional shower day would be added, which made the bathing schedule Monday, Wednesday and Friday. It would also be reflected to apply lotion on his/her back following his/her shower. The breakfast tray would be removed from the service plan as he/she did not eat when it was delivered and woke up late, often times closer to lunch. The service plan would be updated. Further record review revealed Tenant #2's service plan, dated 4-7-17; however, it was not signed. The service plan dated 4-7-17 reflected bathing twice per week on Tuesday and Friday mornings. It reflected staff was to ensure Tenant #2's clothing was clean and Tenant #2 needed assistance with grooming at approximately 9:30 a.m. to 10:00 a.m. The service plan reflected Tenant #2 received a breakfast tray daily at approximately 9:30 a.m. to 10:00 a.m.	A 083		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 083	Continued From page 8 The Program failed to update the service plan as needed after the discussion of Tenant #2's care needs on 5-23-17. The service plan failed to reflect changes with dressing, bathing and meals. 2. Record review revealed Tenant #3 diagnoses included: cerebral vascular accident, intracerebral hemorrhage and seizure. Continued record review revealed Tenant #3's resident services notes documented the following: a. On 10-11-17 Tenant #3 appeared to have seizure like activity, right arm weakness and inability to grip with the right hand. Tenant #3 was taken to the hospital via ambulance and admitted with a diagnosis of right side stroke. b. On 10-13-17 Tenant #3 was to be admitted to skilled care on Sunday (10-15-17). c. On 10-24-17 it was noted Tenant #3 would be discharged from skilled care and would return to the Program on 10-25-17. d. On 10-25-17 (late entry) Tenant #3 returned from skilled care with orders for physical therapy (PT) and occupational therapy (OT). There was a new diagnosis of a seizure and Tenant #3 was at risk for falls. e. On 11-8-17 the home health nurse reported PT was discontinued on 11-6-17 and OT discontinued on 10-31-17. Nursing would be discharged on Friday or Monday. f. On 11-13-17 Tenant #3's spouse reported home health nursing was discontinued.	A 083		

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
	S0348	A. BUILDING: _____ B. WING _____	C 01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 083	Continued From page 9 Further record review revealed Tenant #3's service plan, signed 9/27/17. The Program failed to update the service plan, as needed, post hospitalization and skilled nursing care. The service plan did not reflect PT, OT, home health nursing or seizure activity. The service plan was not updated as needed and did not reflect the specific service needs of Tenant #3. An additional updated service plan was signed 1/8/18. When interviewed on 1-11-18 at 3:08 p.m. the Executive Director revealed all service plan documents that could be located were provided for Tenant #2 and Tenant #3.	A 083		

✓ 2/15/18 OK 2/15/18

Eagle Pointe Place

Plan of Correction for Complaint Visit conducted 1/10-1/11/2018

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists, or that this Statement of Deficiency was correctly cited, and is also NOT to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does Not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusion set forth in this allegation by the survey agency.

A 013—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 was not met as evidenced by: Based on interview and record review the program failed to provide adequate and appropriate care treatment and services for 1 of 3 tenants reviewed (Tenant #2).

Summary of findings follow:

1Tenant #2 was seen in the morning on 6-18-17 when 8:00am medications were administered. Tenant #2 was scheduled to receive staff assistance with dressing/grooming and was found at 4:00pm still wearing his/her nightclothes. Tenant # 2 typically had lunch in the dining room. Although there was no written policy regarding documentation of meal checks, staff interviews revealed a standard practice of staff checking on residents if they did not attend a meal. There was no documentation to indicate if Tenant attended the noon meal on 6-18-17, however Tenant #2 was still in nightclothes at 4:00pm when found post fall and a staff did not believe he/she was at the noon meal. When administrative staff observed Tenant #2's apartment after the fall the toilet seat was soiled. Although no disciplinary actions could be located related to the incident, the incident report identified disciplinary actions occurred. The staff education referenced an unnamed tenant who was hospitalized and cares/services were not provided. The unnamed tenant was identified in interview as Tenant #2. Tenant #2 did not receive care, treatment and services that were adequate and appropriate.

Plan of Correction

- Staff will provide all tenants with care, treatments and services which are adequate and appropriate.
- On 6-21-17 staff were educated on the need to provide all tasks listed on each tenant's service plan/task sheets, document any tasks refused by the tenant and date and initial the task sheet when completed. All current staff will be re-educated on this.
- CSM/designee will monitor task sheets to ensure that all staff are using them , documenting refusals and dating and initialing them as they have been educated to do. CSM/designee will initial each task sheet when he/she has completed this.

- Documentation will be kept of tenant attendance at all meals. All current staff will be educated on this.
- ED/designee will audit documentation of meal attendance and review of task sheets at least twice monthly.
- This regulatory insufficiency will be corrected by 2-28-2018.

A 083—481-69.26(1) Service Plans. A service plan will 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 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 update service plans as needed and failed to develop service plans to identify the specific needs of tenants. This affected 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow:

The program failed to update the service plan of Tenant #2 as needed after discussion of Tenant #2's care needs on 5-23-17. The service plan failed to reflect changes with dressing, bathing and meals.

The program failed to update the service plan of Tenant #3, as needed, post hospitalization and skilled nursing care. The service plan did not reflect PT, OT, home health nursing or seizure activity. The service plan was not updated and did not reflect the specific needs of Tenant #3. An additional updated service plan was signed 1-8-18.

Plan of Correction

- Tenant #2 no longer resides in the facility.
- Tenant #3's service plan will be reviewed to ensure that it identifies the specific needs of the tenant.
- Program nurse will be educated on all regulations regarding Tenant service plans and specifically on the need to develop a service plan for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2), that the service plan shall meet the specific needs of the individual tenant and that the service plan shall subsequently be updated at least annually and whenever changes are needed.
- ED will audit service plans of Tenant's identified as having a change of condition to ensure that they identify the specific needs of each tenant.
- ED will audit service plans of tenant's returning from the hospital/skilled nursing facilities to ensure that they identify the specific needs of each tenant.
- This regulatory insufficiency will be corrected by 2-28-2018.

Respectfully submitted,

Robbie Hinz, ED