DEPARTMENT OF INSPECTIONS AND APPEALS

✓ 2/21/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0013	A. BUILDING: _____ B. WING _____	C 01/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REED PLACE	2506 3RD AVE NORTH DENISON, IA 51442

(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: 23 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 26 The following regulatory insufficiencies were cited during the investigation of Complaints #73291-C, #73374-C & #73397-C.	A 000		
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. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to ensure updated service plans were signed and dated by all parties for 5 of 6 tenants reviewed	A 086	Plan of Correction is attached DD 2/20/18	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 086	Continued From page 1 (Tenant's #1, #2, #3, #4 and #5). Findings follow: Review of Tenant #1's file revealed an admission date of 4-20-15. The most recent service plan dated 12-11-17 was signed by the nurse. Tenant #1 was cognitively able to sign his/her own service plan. No attempt to obtain the tenant's signature was indicated. Review of Tenant #2's file revealed an admission date of 7-27-17. The most recent service plan dated 12-28-17 was not signed or dated by either the tenant or the nurse. Review of Tenant #3's file revealed an admission date of 8-29-17. The most recent service plan dated 11-27-17 was signed by the nurse on 12-3-17. A note indicated Tenant #3's representative gave a verbal okay to the service plan on 12-3-17. No attempt to obtain Tenant #3's representative's signature was noted. Review of Tenant #4's file revealed an admission date of 12-27-16. The most recent service plan dated 10-23-17 was signed by the nurse on 12-3-17. A note indicated the tenant's responsible party was spoken to over the phone on 12-3-17. Tenant #4 was cognitively able to sign his/her own service plan. No attempt to obtain Tenant #4's signature was indicated. Review of Tenant #5's file revealed an admission date of 1-1-14. The most recent service plan dated 9-26-17 was signed and dated by the nurse on 11-29-17. The tenant was not cognitively able to sign the document. The service plan was not signed or dated by Tenant #5's responsible party. No attempts to obtain the responsible party's signature was noted.	A 086		

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A 089	Continued From page 2	A 089		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to ensure service plans were updated to reflect identified needs and preferences for assistance for 4 of 6 tenants reviewed (Tenants #1, #2, #3 and #5). Findings follow: Review of Tenant #1's file revealed the tenant had a diabetic ulcer on the right foot. According to Resident Service Notes, an entry dated 11-9-17 indicated to continue daily dressing change, limit weight bearing, and administer Cipro 500 mg. An entry on 11-16-17 indicated to continue dressing change at bedtime. An entry dated 11-28-17 indicated to administer Bactrim DS, one tab by mouth, twice a day and change dressing daily. An entry dated 12-28-17 indicated to continue daily dressing changes. The tenant's service plan dated 12-11-17 noted the diabetic ulcer on the foot, but did not contain information regarding the size of the wound, the frequency and type of dressing or the orders for antibiotics when initiated or discontinued. Review of Tenant #2's file revealed a Resident Service Note dated 11-28-17 indicating the tenant	A 089		

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A 089	Continued From page 3	A 089		

had a right ankle brace. Ice was to be applied to the ankle twice a day and pain medication administered four times a day. An entry dated 12-21-17 indicated the tenant was working on guilt and self control issues. Two Medical Visit forms, both dated 11-7-17, documented the tenant was seen by a LMHC (Licensed Mental Health Counselor) for mental health and therapy reasons regarding inappropriate comments/behaviors to staff and to work on guilt over past family relationships and verbal self-control. According to interviews conducted throughout the investigation with the Executive Director (ED), the Care Service Manager (RN), Staffs A, B, C, D and E Tenant #2 was known to tell off-color jokes and make inappropriate comments to tenants and staff. Tenant #2's most recent service plan dated 12-28-17 did not reflect information about an ankle brace and the need to ice the ankle, inappropriate conversations or actions toward staff, or issues regarding guilt over family issues and verbal self-control.

Review of Tenant #3's Resident Services Notes revealed an entry dated 12-12-17 indicating Tenant #3 requested a bubble pack of Temazepam (a medication for treatment of insomnia) in their room for them to take when needed without staff assistance. An entry dated 12-29-17 indicated Tenant #3 could have Temazepam at bedside. Tenant #3's service plan dated 11-27-17, indicated staff would be responsible for administering medications. The service plan was not updated to reflect the self administration of Temazepam.

Review of Tenant #5's file revealed a Universal Incident Report dated 11-28-17 documenting Tenant #5 was found sitting upright, reporting pain in the right hip, right ankle and right

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A 089	Continued From page 4 shoulder. The tenant was transported to the emergency room via an ambulance. Follow up indicated a fracture of the right arm and treatment with an immobilizer arm sling. A Resident Services Notes dated 12-4-17 indicated to rewrap right foot/ankle with ACE wrap daily for one week, then discontinue. An entry dated 1-8-17 (18) indicated to continue with immobilizer and encourage range of motion of elbow and wrist. The tenant's most recent service plan dated 9-26-17 was not updated to indicate Tenant #5's fracture, use of a sling/immobilizer to the right arm, use of an ACE wrap to the right ankle/foot or the need for range of motion to the elbow and wrist.	A 089		

√ 2/21/18

February 12th, 2018

Ms. Linda Kellen, Bureau Chief

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Reed Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Investigation Survey which was conducted January 12th- January 18th, 2018 at Reed Place. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-69.26(3) a- Service Plans

- Tenant's #1, #2, #3, #4, and #5 have updated, signed and dated Service Plans as of January 26, 2018.
- Regional Director of Care Services (RDCS) re-educated the Executive Director (ED) and the Care Service Manager (CSM) on the requirements of having the Service Plans signed and dated by the appropriate parties, on February 2, 2018.
- ED or designee and CSM or designee will review current resident service plans to ensure that they are signed and dated by the appropriate parties; newly admitted residents will be reviewed at the time of move-in to ensure that the service plan is signed and dated by the appropriate parties.
- Date of completion for the Plan of Correction is February 28th, 2018.

IAC r 481-69.26(4) a- Service Plans

- Tenant #1 – an updated service plan was completed on January 25, 2018 to reflect identified needs and preferences for assistance. The updated plan was signed on the same date.
  Tenant #2 – no longer resides at the community.

2/21/18

Tenant #3 - an updated service plan was completed on January 24, 2018 to reflect identified needs and preferences for assistance. The updated plan was signed on the same date.

Tenant #5 – an updated service plan was completed on January 24, 2018 to reflect identified needs and preferences for assistance. The Power of Attorney (POA) was notified by phone the same day and voiced that he/she would be in to the community to sign when he/she returned from vacation the week of February 5, 2018.

- RDCS re-educated the ED and CSM on the requirements of having Service Plans that are individualized and identify needs and preferences for assistance; on February 2nd, 2018.
- ED or designee and CSM or designee will review current resident service plans to ensure that they are individualized and identify needs and preferences for assistance; newly admitted residents will be reviewed at the time of move-in to ensure the same.
- Date of completion for the Plan of Correction is February 28th, 2018.

Sincerely,

Rose Strong

Rose Strong

Executive Director/Reed Place

FEB 15 2018