√ 5/30/18

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
	S0360	A. BUILDING: _____ B. WING _____	C 04/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT FOREVERGREEN	1275 W FOREVERGREEN ROAD NORTH LIBERTY, IA 52317

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 38 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 18 TOTAL Census of Assisted Living Program for People with Dementia: 62 The following regulatory insufficiencies were cited during the Investigation of Complaint #74567.	A 000	See attached POC 5/19/18	
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		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 037	Continued From page 1	A 037		

This REQUIREMENT is not met as evidenced by:
Based on interview and record reviews, the Program failed to complete functional, cognitive and health evaluations as needed with significant changes for 3 of 7 tenants (Tenants #1, #3 and #5).

1. Record review of Tenant #1's file revealed the following:

Observation Notes dated 1/15/18 documented Tenant #1 incontinent of urine and feces. Tenant #1 urinated around the memory care unit, sometimes attempting to pull his/her pants down in the dining room to urinate.

Observation Notes dated 2/12/18 documented Tenant #1 found in his/her room completely nude with urine all over his/her clothing on the floor and the bathroom completely wet with urine. Tenant #1 had feces on his/her buttocks, as well as the chair he/she sat in. had episodes of incontinence where urine and feces had been found on the floor in the apartment and in clothing in various places in the apartment. Tenant #1 had also attempted to urinate in the common area of the dementia unit a few times.

Observation Notes dated 3/7/18 documented Tenant #1 found feces on his/her bed sheets.

Continued record review revealed functional, cognitive and health evaluations not completed when Tenant #1 began to exhibit unmanageable

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A 037	Continued From page 2 incontinence, a change in condition. 2. Record review of Tenant #3's file revealed Observation Notes dated 2-7-18 staff reported tenant wanted to talk to nurse about a sore. A sore was found on the left hip area, superficial with redness and a minimal amount of blood. Tenant stated area burned and stung. Tenant reported the sore had been there for over a month. On 2-8-18, the nurse contacted the home health agency regarding wound care. On 2-9-18, home health nurse stated she would stop and check on the tenant. The Observation Notes indicated the nurse called on 2-12-18 and was told the home health agency was providing wound care every three days. Observation Notes indicated on 3-9-18, the wound was healed and the home health agency was no longer managing the wound. Continued record review revealed functional, cognitive and health evaluations were not completed when Tenant #3 reported a sore and wound care treatments were initiated and completed, a change in condition. 3. Record review of Tenant #5's file revealed the following: a. Physical therapy requested an order for a walker and for the tenant to be fitted for an AFO boot for right foot drop. The physician signed the order on 1-31-18. According to Observation Notes dated 2-6-18, a faxed order was received for a fitted AFO boot and a walker. An appointment was set up with the medical supply provider to fit the boot on 2-8-18. Observation Notes dated 2-14-18, indicated the AFO boot would be delivered on 2-26-18.	A 037		

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A 037	Continued From page 3 Functional, cognitive and health evaluations were not completed with the use of a walker and the addition of an AFO boot, a significant change. b. Observation Notes dated 2-5-18 documented Tenant #5's diastolic blood pressure elevated at rest. The blood pressure remained elevated on 2-6-18 and Tenant #5's family requested escorts to every meal via a wheelchair. Blood pressures were noted as elevated on 2-8-18, 2-12-18, 2-14-18 and 2-16-18. Tenant #5's physician was notified, orders received, and weekly blood pressures recorded to report to physician. Continued record review revealed functional, cognitive and health evaluations not completed regarding the onset of increased blood pressures and subsequent physician orders for treatment, a significant change. 4. On 3-27-18 at 3:40 p.m. the Director of Health Care Services confirmed functional, cognitive and health evaluations were not consistently completed with significant changes.	A 037		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception	A 071		

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A 071	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to reflect timely completion of nursing notes for 6 of 7 tenants. (Tenants #1, #2, #4, #5, #6 and #7). Findings follow: 1. Record review of Tenant #1's file on 3/27/18 revealed diagnoses of Alzheimer's, atrial fibrillation, hypertension, high cholesterol, irregular heart beat, and arthritis. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. The service plan dated 1-4-18 indicated tenant should use walker at all times with ambulation. Tenant #1 had 12 falls since assessment on 10-2-17. Continued record review revealed Tenant #1's Observation Notes, documented as a late entry on 12-7-17, indicated Tenant #1 fell on 12-1-17. Staff walked past tenant's room and found Tenant #1 sitting on the floor. Per incident report, tenant stated was walking and lost balance and fell backwards. No injuries noted. On 12-5-17 nurse follow up: tenant was up walking with walker per usual. Denied pain or discomfort. Physician notified of fall. 2. Record review of Tenant #2's file revealed diagnoses of hypothyroidism, anxiety and depression. A physician order for oxygen and a hospital bed due to discharge from hospice was dated 1-19-18. The order was noted by the nurse on 3-8-18. 3. Record review of Tenant #4's file revealed	A 071		

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A 071	Continued From page 5	A 071		

diagnoses of hyperlipidemia, hypertension, nontraumatic subdural hemorrhage, pneumonities due to inhalation of food and vomit, unspecified convulsions, history of malignant neoplasm of breast, history of transient ischemic attack, cerebral infarction without residual deficits and presence of cerebrospinal fluid drainage device. The service plan indicated the tenant had a history of falls, especially due to seizures. Tenant #4's Observation Notes indicated the following: On 1-25-18 (late entry 1-30-18) Tenant #4 returned from lunch with family who reported tenant may have had a seizure and medics were called to check on the tenant. Tenant was found to be fine by the medics and vital signs were stable. Tenant and family declined to go to the hospital at the time. Nurse assessed the tenant upon return, was stable with no need for any further intervention and vital signs were stable. Tenant stated was tired. Staff instructed to check tenant every two hours through the night and notify nursing with any changes.

4. Record review of Tenant #5's file revealed diagnoses of hypertension, sleep apnea, mixed hypertrophied, aortic valve replacement, hypothyroidism, malignant neoplasm of right breast and persistent atrial fibrillation. Tenant #5's Observation Notes indicated the following: On 1-2-18 (late entry 2-21-18) Tenant #5 was discharged from a rehabilitation facility and returned to the Program. Tenant #5 required more assistance with dressing, bathing and transport to meals, etcetera. Tenant #5 would continue to be monitored.

5. Record review of Tenant #6's file revealed diagnoses of viral encephalitis, dementia, Alzheimer's Disease, hallucination and wandering. Tenant #6 was staged at a 6 of the

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A 071	Continued From page 6 GDS which indicated severe cognitive decline. Tenant #6 resided in the dementia unit. Tenant #6's service plan dated 6-23-17 indicated Tenant #6 was independent with ambulation and transfers, used a wheeled walker as needed. The service plan did not reflect OT services. Tenant #6's Observation Notes indicated the following: On 2-19-18 (late entry 2-22-18) Nurse Review: Tenant #6 started OT on 1-22-18 and completed on 2-19-18 with reaching intended goals. 6. Record review of Tenant #7's file revealed a diagnosis of insulin dependent diabetes. Observation Notes indicated the following: On 1-30-18 (late entry for 12-17-17) Tenant #7 was sent to the ER for a toe that was bloody upon awakening. Upon return from the ER it was reported a toe fracture of the great toe. Tenant #7 had a dry dressing intact. Tenant #7 followed up with orthopedic physician. 7. When interrviewed on 3-28-18 at 4:05 p.m., the Director of Health Care Services confirmed late entries on the Observation Notes occurred. She became aware of the problem at the beginning of March. The previous Director of Nursing (DON) responsible for the late entries was no longer employed by the Program. When interviewed on 3-22-18 at 9:40 a.m., Staff A, a registered nurse, stated documentation was now completed timely, but was late when the previous DON was at the Program. When interviewed on 3-22-18 at 10:03 a.m., Staff B, a Licensed Practical Nurse, stated her documentation was timely and not late but the previous DON's documentation was not timely. The previous DON documented late entries as much as two months late.	A 071		

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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 record reviews, the Program failed to update service plans as warranted by needed changes. This affected 3 of 7 tenants (Tenants #1, #3 and #5). Findings follow: 1. Record review of Tenant #1's file revealed Observation Notes dated 2-13-18 indicated a nurse review completed, as Tenant #1 began a transfer study due to difficulty with transfers requiring assistance of one to three staff at times. Continued record review revealed Tenant #1's service plan had not been updated to reflect changes as needed with significant changes that initiated a transfer study. 2. Record review of Tenant #3's file revealed Observation Notes dated 2-12-18 documented the nurse called the home health agency and was told provided wound care every three days.	A 083		

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A 083	Continued From page 8 Continue review of Tenant #3's Observation Notes indicated on 3-9-18, the wound was healed and the home health agency no longer managed the wound. Continued record review revealed Tenant #3's service plan not updated to reflect changes as needed with significant changes regarding wound care. 3. Record review of Tenant #5's file revealed the following: a. a physician's order, dated 1-31-18, for Tenant #5 to be fitted for an AFO (ankle-foot orthosis) for his/her right foot drop and a walker. Continued record review revealed Tenant #5's service plan failed to address the use of a walker or AFO boot. b. Observation Notes dated 2-5-18 documented Tenant #5's diastolic blood pressure elevated at rest. The blood pressure continued to be elevated on 2-6-18 and Tenant #5's family requested escorts to every meal via a wheelchair. Blood pressures were noted as elevated on 2-8-18, 2-12-18, 2-14-18 and 2-16-18. Tenant #5's physician was notified and orders were received for weekly blood pressures to be recorded and reported to the physician. Continued record review revealed Tenant #5's service plan not updated as needed with significant changes regarding Tenant #5's elevated blood pressures and transport assistance to meals. 4. When interviewed on 3-27-18 at 3:40 p.m. the Director of Health Care Services confirmed service plans were not updated with significant	A 083		

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A 083	Continued From page 9 changes.	A 083		

✓ 5/30/18 OK 5/29/18

April 26, 2018

Department of Inspections and Appeals
Attn: Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

Dear Ms. Campbell:

On behalf of Keystone Place at Forevergreen in North Liberty, Iowa, I respectfully submit our Plan of Correction for your approval. Our response is specific to monitoring report for the onsite visit completed on 4/2/2018. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the 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 provision of state law.

Evaluation of Tenant

1. Elements detailing how the Program will correct each regulatory insufficiency.
    a. Tenant's #1,3 and #5 will have functional, cognitive and health evaluations completed.
2. What measures will be taken to ensure the problem does not recur.
    a. All nursing staff have received substantial training on regulations as they apply to evaluation of Tenant.
    b. Tenants will receive Health, cognitive and functional evaluations with any significant change in condition, and not less than annually.
3. How the Program plans to monitor performance to ensure compliance.
    a. The RN, or designee will review documentation at least annually to ensure evaluations are completed with significant change in condition.
4. This regulatory insufficiency will be corrected by 5/19/2018.

Tenant Documents

1. Elements detailing how the Program will correct each regulatory insufficiency.
    a. Tenants #1,2,4,5,6 and 7 will have observation/nursing notes completed timely.
2. What measures will be taken to ensure the problem does not recur.

a. Director of Health and Wellness and nursing staff have been re-educated on process of documenting notes timely. Process for documentation reviewed and is sufficient.
b. Tenant nursing/observation notes will be completed timely.

3. How the Program plans to monitor performance to ensure compliance.
    a. The RN, or designee will review Tenant files at least annually to ensure notes/observations are completed timely.
4. This regulatory insufficiency will be corrected by 5/19/2018.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.
    a. Tenants #1,3 and 5 will have Service Plans updated to meet their needs upon completion of health, cognitive and functional evaluations.
2. What measures will be taken to ensure the problem does not recur.
    a. The Director of Health and Wellness and nursing team have received updated education on regulatory requirements for Evaluation of Tenants and Service Plans.
    b. Tenants will have Service plans that meet their needs and desired services per regulation.
3. How the Program plans to monitor performance to ensure compliance.
    a. The RN or designee will review a sample of charts annually to ensure Service Plans meet Tenant's needs and desired services.
4. This regulatory insufficiency will be corrected by 5/19/2018.

If you have any questions or concerns regarding this plan of correction please feel free to contact me at 319-459-1964 or mjpipkin@keystonesenior.com. Thank you.

Sincerely,

Mary Jo Pipkin

Executive Director