6/21/18 OK 6/19/18

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
	S0348	A. BUILDING: _____ B. WING _____	C 05/08/2018

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: 40 Number of tenants with cognitive disorder: 7 TOTAL census of Assisted Living Program: 47 An investigation of Complaint #75141-C was completed and the following regulatory insufficiencies were identified:	A 000	See attached POC 6/23/18	
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 care, treatment and services that were adequate and appropriate. This pertained to 2 of 4 tenants reviewed (Tenants #2 and #4). Findings follow: 1. Record review revealed Tenant #2's Resident Services Notes. Review of the notes indicated the following: a. On 12-21-17 Tenant #2's oxygen saturation was 82% on room air and he/she had a cough	A 013		

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A 013	Continued From page 1 with phlegm. Tenant #2 was taken to the emergency room (ER). Tenant #2 returned with new orders including for oxygen at 2 liters (L) during the day for oxygen saturation below 90%. b. On 3-28-18 it was noted Tenant #2 did not go to the dining room and believed police were there to arrest him/her. Staff reported Tenant #2 had been confused for several days. c. On 3-30-18 it was noted Tenant #2 was found sitting the floor. The oxygen nasal cannula was next to the recliner near the window. The tubing was on the floor near the bedroom and was not near Tenant #2. Tenant #2 had skin tears and a hematoma. An ambulance was called and Tenant #2 was taken to the ER. d. On 4-2-18 it was noted hospital staff indicated Tenant #2 was admitted for chronic hypoxia, COPD, respiratory failure and coronary artery disease (CAD). 2. Record review Tenant #2's file revealed diagnoses included: chronic obstructive pulmonary disease (COPD) and chronic respiratory failure with hypoxia. Tenant #2 received assistance with medication administration. Tenant #2's service plan, dated 1-9-18, reflected Tenant #2 required oxygen at 2L per n/c day and night. 3. Record review of Tenant #2's file revealed the following: a. A clinic visit note documented Tenant #2's current medication as of 12-16-17 included oxygen at 2L per n/c at bedtime was ordered.	A 013		

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A 013	Continued From page 2 The visit note was not noted with time, date or signature. b. An Emergency Room Treatment Report, dated 12-21-17, ordered to keep oxygen on Tenant #2 while asleep or in bed. Orders also included if oxygen saturation dropped below 90% during the day Tenant #2 should be placed on 2L per n/c was ordered. The orders were noted with date and no time or signature. c. A clinic visit note, dated 12/12/17, included hand written orders that included to keep oxygen at 2L at all times and 2 1/2 L at night. The note also directed to avoid close contact with anyone recently smoking or infected. The visit note was not noted with time, date and signature. d. A clinic visit note, dated 2-28-18, reflected Tenant #2 should remain on oxygen at 2L to 2.5L or 3L, but not to be lowered down to 1L with physical. Tenant #2 was on 2L "chronically" throughout the day and 2 1/2 at night. The orders were not noted with time,date and signature. The orders had a fax date of 4-24-18 to the Program. 4. Continued record review revealed Tenant #2's medication administration records (MARs) for December 2017, January 2018, February 2018, and March 2018 included the following orders: a. oxygen 2 liters (L) per nasal cannula (n/c) at bedtime (staff to give reminder), ordered 12-16-17. Additional review revealed the Program failed to document administration 12-16-17 to 12-21-17 and 12-27-17 to 12-29-17.	A 013		

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A 013	Continued From page 3 b. Dulera inhaler 200 microgram(mcg)/5 mcg, two puffs twice per day. Additional review revealed the Program failed to document administration at 8:00 a.m. on 12-20-17 and 12-31-17. c. Systane artificial tears, one drop in each eye, twice per day. Further review revealed the Program failed to document 8:00 a.m. administration on 12-20-17 and 12-31-17 and at 8:00 p.m. on 12-27-17. d. Ipratroprium and Albuterol 0.5/3 milligram (mg) per 3 milliliter (ml), inhale one vial via nebulizer twice per day. Additional review of MARS revealed the Program failed to document administration on 12-20-17 and 12-31-17; 2-9-18, 2-11-18, 2-22-18 and 2-24-18; 3-19-18, 3-21-18, 3-22-18, 3-23-18, 3-25-18, 3-27-18, 3-28-18, 3-29-18 at 8:00 a.m. and 12-25-17; 3-9-18, 3-19-18, 3-24-18, 3-28-18 and 3-29-18 at 8:00 p.m. e. During third shift, staff should Check to verify tenant had oxygen on while sleeping. Further review revealed the Program failed to document completion of the task from 12-22-17 to 12-31-17; 3-19-18, 3-24-18, 3-28-18 and 3-29-18 . f. Combivent Respimat (inhaler) ordered four times per day. The Program failed to document administration as follows: At 8:00 a.m.: 12-30-17 and 12-31-17; 1-1-18, 1-2-18 and 1-19-18; 2-9-18 and 2-11-18; 3-21-18, 3-22-18, 3-23-18, 3-25-18, 3-27-18, 3-28-18 and	A 013		

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A 013	Continued From page 4 3-29-18 At noon: 12-30-17 and 12-31-17; 1-1-18, 1-2-18, 1-3-18, 1-4-18, 1-5-18, 1-6-18, 1-9-18, 1-10-18, 1-11-18, 1-14-18, 1-17-18, 1-18-18, 1-19-18, 1-27-18, 1-29-18, 1-30-18 and 1-31-18; 2-2-18, 2-5-18, 2-9-18, 2-11-18, 2-13-18 and 2-25-18; 3-21-18, 3-22-18, 3-23-18, 3-25-18, 3-26-18, 3-27-18, 3-28-18 and 3-29-18 At 4:00 p.m.: 1-11-18; 3-15-18, 3-19-18, 3-23-18, 3-24-18 and 3-25-18 At 8:00 p.m.: 3-19-18, 3-24-18 and 3-29-18 at 8:00 p.m. g. Flovent 110 mcg inhaler, two puffs, twice each day. Additional review of MARs revealed the Program failed to document administration at 8:00 a.m. on 3-19-18, 3-21-18, 3-22-18, 3-23-18, 3-25-18, 3-27-18, 3-28-18 and 3-29-18 and at 8:00 p.m. on 3-19-18, 3-28-18 and 3-29-18. h. Clean nebulizer tubing after each use. The Program failed to document completion of the task on 3-19-18, 3-21-18, 3-22-18, 3-23-18, 3-25-18, 3-27-18, 3-28-18, 3-29-18 at 8:00 a.m. and at 8:00 p.m. on 3-10-18, 3-11-18, 3-19-18, 3-24-18 and 3-29-18. i. Prednisone 5 mg, one tablet in the morning at 8:00 a.m. Additional review revealed the Program failed to document administration 3-14-18, 3-19-18, 3-21-18, 3-22-18, 3-23-18, 3-25-18, 3-27-18, 3-28-18 and 3-29-18.	A 013		

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A 013	Continued From page 5 j. Furosemide 40 mg, one tablet, once a day at 8:00 a.m. Further review revealed the Program failed to document administration on 3-19-18, 3-21-18, 3-22-18, 3-23-18, 3-25-18, 3-27-18, 3-28-18 and 3-29-18. k. February MARs reflected an order for oxygen at 2L per nasal cannula as needed during the day for oxygen saturation below 90%. The MAR documented administration twice daily at 8 a.m. and 4:00 p.m., with the exception of 2-9-18 and 2-11-18. Further review of the MAR revealed no oxygen saturations recorded and no reasons indicated for the administration of the as needed oxygen. March MARs reflected an order for oxygen at 2L per nasal cannula as needed during the day for oxygen saturation below 90%. Further review of the MAR revealed administration over 45 times from 3-1-18 to 3-30-18; however, the Program failed to document oxygen saturations, as well as reasons indicated for the administration of the as needed oxygen. In summary, Tenant #2 was admitted with diagnoses of COPD and chronic respiratory failure with hypoxia. The initial service plan did not address any staff reminders for oxygen at bedtime. The December 2017 MARs reflected reminders for oxygen at bedtime, which was not consistently documented as completed. After a low oxygen saturation and an ER visit on 12-21-17, Tenant #2 returned with new orders to ensure he/she wore oxygen at night and if oxygen saturation was below 90 to put him/her on 2L during the day. Staff did not consistently document to ensure Tenant #2 wore oxygen at	A 013		

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A 013	Continued From page 6	A 013		

night. At a point that could not be determined based on Program documentation, the oxygen order changed to oxygen 2L during the day and 2 1/2L at bedtime. The clinic visit notes were not noted with time, date and signature to indicate when the orders was received and transcribed to the MAR. The previous order for oxygen to be applied with oxygen saturations below 90% during the day was not discontinued once Tenant #2 was on oxygen scheduled throughout the day. Staff continued to document the as needed oxygen consistently without documented oxygen saturations or the reason or effectiveness of the as needed treatment. December, January, February and March MARs revealed medications and treatments were not documented as completed, including assistance with inhalers, nebulizers,oxygen and cleaning of nebulizer and oxygen equipment. Tenant #2 presented with increased confusion for several days, had a fall and was sent to the hospital on 3-30-18. Tenant #2 was admitted to the hospital for chronic hypoxia, COPD, respiratory failure and CAD.

5. Record review revealed Tenant #4's Resident Services Notes indicated the following:

a. On 2-5-18 at 6:00 a.m. Tenant #4 called an ambulance and requested to go to the hospital for a burning buttocks. Tenant #4 was inconsolable about prolapse of bladder. The tenant was transported, via ambulance to the hospital. Hospital staff reported Tenant #4 was constipated and had a urinary tract infection. The tenant returned to the Program the same day.

b. On 2-7-18 Tenant #4 complained of diarrhea and requested an anti-diarrhea medication. The note documented Tenant #4 had medication and

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A 013	Continued From page 7 attention seeking behavior. The nurse instructed him/her to notify the nurse if he/she had another diarrhea stool for visual assessment. c. On 3-3-18 it was noted Tenant #4 continued to report he/she felt sick and had many attention seeking behaviors and refusals to attend meals. 6. Record review revealed Tenant #4 had a diagnosis of anxiety disorder. Tenant #4 received assistance with medication administration. 7. Review of Tenant #4's February 2018 MARs reflected the following: a. Sertraline HCL 50 mg tablet, one tablet orally once per day not documented as administered on 2-14-18 at 8:00 a.m. b. Metoprolol 25 mg tartrate tablet, 1/2 tablet, orally every 12 hours not documented as administered on 2-14-18 at 8:00 a.m. The Program also failed to document administration on 2-27-18 and 2-28-18 at 8:00 p.m. c. Artificial Tears 1.4 % drops, instill one drop into both eyes three times per day. The Program failed to document administration of the drops on 2-9-18, 2-14-19 and 2-25-18 at 6:00 a.m.; at 1:00 p.m. on 2-1-18, 2-2-18, 2-4-18, 2-13-18, 2-14-18, 2-15-18, 2-21-18, 2-22-18, 2-25-18, 2-27-18 and 2-28-18; and on 2-19-18, 2-25-18, 2-27-18 and 2-28-18 at 5:00 p.m. d. Mirtazapine tablet 15 mg, take one tablet orally at bedtime. The Program failed to document administration 2-11-18, 2-25-18, 2-27-18 and 2-28-18 at 8:00 p.m. e. Melatonin 3 mg tablet, take two tablets orally	A 013		

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A 013	Continued From page 8 at bedtime. The Program failed to document administration on 2-25-18, 2-27-18 and 2-28-18 at 8:00 p.m. f. Miralax 17 gram, once daily mix in water or juice. The Program failed to document administration 2-9-18, 2-14-18, 2-15-18, 2-16-18, 2-18-18, 2-19-18, 2-25-18, 2-27-18 and 2-28-18 at 8:00 a.m. 8. When interviewed Staff A indicated currently tenants received the cares and assistance requested; however, a couple months ago tenants did not receive what they paid for regarding laundry and bathing. Changes were made with staff and training. When interviewed Staff B indicated tenants received the cares and services requested most of the time and noted it had improved. Previously, certain staff would not complete showers. Staffing changes had been made. When interviewed on 5-8-18 a 2:02 p.m. the Nurse revealed the Program had been working on improving documentation in MARs, including re-training of staff as needed, a daily meeting with a MAR audit and staffing changes.	A 013		
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	A 089		

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A 089	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of tenants. This pertained to of 3 of 4 tenants reviewed (Tenants #2, #3 and #4). Findings follow: 1. Record review revealed Tenant #2's Resident Services Notes indicated the following: a. On 1-29-18 staff reported Tenant #2 had two small skin tears on the right forearm. The skin tears were cleansed and there was no signs/symptoms of infection. A fax was sent to the doctor regarding the treatment of the skin tears. b. On 2-19-18 physical therapy (PT) reported to Tenant #2's legal representative that Tenant #2 could use a walker with a gait belt and if requested could use the wheelchair. Continued record revived revealed a Physician Fax Phone Order, dated 2-1-8, included an order to cleanse skin tears daily and as needed, apply Bacitracin ointment and cover with a band-aid until no longer draining and then to leave open to the air. A Physical Therapy (Addendum) note, dated 2-21-18, provided the following recommendations for Tenant #2: walk with a walker; have staff to use a gait belt in the apartment. The note documented Tenant #2 should have assistance with transfers due to decreased balance. Staff should walk Tenant #2 to meals with a walker and follow with a wheelchair with gait belt assisting	A 089		

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A 089	Continued From page 10 him/her with oxygen. Additional record review revealed Medication administration records (MARs) from December 2017 to March 2018 reflected staff was to ensure Tenant #2 had oxygen on at bedtime and changed the tubing weekly. Further record review revealed Tenant #2's service plan, dated 12-12-17, indicated Tenant #2 required oxygen; however, failed to reflect staff assistance with oxygen as indicated on the MARs. Tenant #2's service plan, dated 1-9-18 reflected Tenant #2 required oxygen at 2 liters (L) per nasal cannula day and night; however, failed to reflect staff assistance with oxygen as indicated on the MARs. The service plan also failed to reflect the skin tears and treatment, as well as, PT and recommendations including the use of a gait belt and a walker for mobility. 2. Record review of Tenant #3's file revealed a Physician's Fax Phone Order, dated 2-19-18, indicated PT would evaluate and treat for weakness. Continued record review revealed Tenant #3's Resident Services Notes indicated the following: a. On 3-29-18 staff found Tenant #3 laying on the floor in the bathroom. b. On 3-30-18 at 1:55 a.m. staff reported Tenant #3 found on the floor in the bathroom. c. On 3-30-18 at 7:45 a.m. staff reported Tenant #3 fell again and was sent to the emergency room (ER).	A 089		

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A 089	Continued From page 11 d. On 3-30-18 Tenant #3 was admitted to the hospital and diagnoses included: hypotension, weakness and urinary tract infection (UTI). e. On 3-31-18 it was noted Tenant #3 had a UTI with positive blood cultures and would move out of the intensive care unit that day. f. On 4-3-18 it was noted Tenant #3 transferred to a nursing facility for PT, occupational therapy and speech therapy. g. On 4-17-18 Tenant #3 was re-assessed for return to the Program. Further record review revealed the service plan dated 4-17-18 failed to reflect Tenant #3's history of a UTI. Further review of Tenant #3's service plan, dated 4-17-18, reflected PT services; however, services had been ordered on 2-19-18. 4. Record review revealed Tenant #4's PRN Medication Information sheet reflected orders for Preparation H 25%, applied to hemorrhoids as needed. The sheet also included an order for Calmoseptine ointment, applied to buttocks as skin barrier as needed. Tenant #4 kept both medications in his/her apartment and self-administered. Continued record review revealed Tenant #4's Resident Services Notes indicated the following: a. On 2-4-18 Tenant #4 complained of "burning butt" and requested an ambulance be called. A nurse spoke with Tenant #4 and explained creams were applied and it was not an emergency for the ER.	A 089		

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A 089	Continued From page 12 b. On 2-5-18 Tenant #4 called an ambulance and requested to go to the hospital for a burning buttocks. Tenant #4 was inconsolable about a prolapse of bladder. Hospital staff reported Tenant #4 was constipated and had a UTI. c. On 2-7-18 Tenant #4 complained of diarrhea and requested an anti-diarrhea medication. The nurse documented Tenant #4 had attention and medication seeking behavior. d. On 2-21-18 Tenant #4 felt sick and he/she refused to attend a meal. e. On 2-22-18 Tenant #4 refused to attend a meal due to complaints of stomach upset. f. On 2-23-18 Tenant #4 complained of "feeling sick" and refused to attend meals. The nurse document it had been an "on-going" issue for Tenant #4. g. On 2-25-18 Tenant #4 refused to come to a meal and complained of a "burning butt." Tenant #4 was assessed and had bowel movement residue on his/her bottom that caused redness. h. On 3-2-18 Tenant #4 refused to get dressed and come to meals. Tenant #4 complained his/her bottom burned. The tenant called an ambulance and went to the ER. i. On 3-3-18 it was noted Tenant #4 returned from the ER on 3-2-18 with orders to continue medications as ordered. Tenant #4 continued to report he/she felt sick and had many attention seeking behaviors and refusals to attend meals. j. On 3-4-18 Tenant #4 declined to come out for a meal and called an ambulance for transport as	A 089		

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 05/08/2018

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 089	Continued From page 13 he/she felt sick. k. On 3-5-18 a call was received from Tenant #4's family to report Tenant #4 would not be returning to the Program. Further record review revealed Tenant #4's service plan failed to reflect the refusal of meals, medication seeking behavior, complaints of feeling ill, interventions to address behavior, complaints of hemorrhoids and self-administration of topical medications. 5. When interviewed on 5-8-18 a 2:02 p.m. the Nurse confirmed the above findings.	A 089		

6/21/18 OK 6/19/18

Eagle Pointe Place

Plan of Correction for Complaint Visit completed 5/8/2018

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 2 of 4 tenants reviewed (Tenants #2 & 4).

Plan of Correction Tenants #2 and #4 no longer reside in the community

- Current residents may have the potential to be affected by this alleged deficient practice. Current residents visit notes and new orders, along with medication and treatment records will be reviewed by Clinical Services Manager or designee on or before 6/23/2018
- Clinical Services Manager has been re-educated on noting visit notes and new orders with date, time and signature
- Nursing staff will be re-educated by Clinical Services Manager on or before 6/23/18. The re-education will include
  - the need to provide tasks listed on each tenant's service plan, task sheets and Medication Administration Record as indicated.
  - the need to document administration of medications/treatments on medication administration records at each medication pass and treatment provided.
- CSM and/or designee will monitor Medication Administration Records 5 days a week for 6 weeks for missing documentation
  - Missing documentation will be entered on MAR Audit log. Employees with missing documentation will be notified to correct situation within 24 hours of time documentation was missed
  - When employee corrects missing documentation, they will sign on MAR audit log indicating completion
  - MAR Audit logs will be reviewed and discussed at monthly QA meeting.
- ED and/or designee will audit MAR Audit log weekly for compliance for six weeks
- Compliance date - 6/23/2018.

A 083—481-69.26(4) Service Plans. The service plan shall be individualized and shall indicate, at a minimum: the Tenant's identified needs and preferences for assistance.

Plan of Correction

- Tenants #2 and #4 no longer reside in the community.
  Tenant #3's service plan will be reviewed to ensure that it identifies the specific needs of the tenant.
- Current residents may have the potential to be affected by this alleged deficient practice.
  Current resident's service plans will be reviewed by Executive Director/Designee on or before 6/23/2018.
- Clinical Services Manager was re- educated by the Regional Director of Clinical Services on 5/22-23 on 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.
- Executive Director or designee will audit new service plans of Tenants to ensure that they identify the specific needs of each tenant weekly for 6 weeks.
- This Service Plan audit will be reviewed and discussed at monthly QA meetings.
- Compliance date - 6/23/2018.

Respectfully submitted,

Robbie Hinz, ED