6/25/18

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
	S0026	A. BUILDING: _____ B. WING _____	C 05/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE RIDGE	365 MARION BLVD MARION, IA 52302

(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: 2 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 19 Total Census of Assisted Living Program for People with Dementia: 59 Investigation of Complaint #75833-C was completed and the following regulatory insufficiencies were cited:	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 003	All staff will be re-educated regarding the program policy and procedures on incident reports. This will occur on June 19th at our all staff meeting. The nurse and Executive Director will review all incident reports monthly.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

6/22/18

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure incident reports were completed for all unusual occurrences as required. This pertained to 2 of 5 tenants reviewed (Tenants #4 and #5). Findings follow: 1. Review of Tenant #4's record revealed the following: - A Nurse's Note dated 3-14-18 revealed Tenant #4 yelled for help to get off the couch. When staff attempted to assist the tenant yelled, used foul language and grabbed the staff's arm and would not let go. Another staff stepped in and Tenant #4 let go; however, he/she was still agitated. - A Nurse's Note dated 3-15-18 revealed Tenant #4 had his/her hand between another tenant's leg and when redirection was attempted he/she yelled. Tenant #4 then began to put his/her hands between another tenant's legs. The other tenant was removed and Tenant #4 hit staff. - A Nurse's Note dated 3-20-18 revealed Tenant #4 was holding a hand of another tenant and then tried to move his/her hand to the other tenant's leg. The other tenant was removed. Later staff took Tenant #4 to his/her apartment and he/she grabbed staff's crotch and buttocks and made inappropriate comments. - A Resident Note (nurse review) dated 3-16-18 revealed Tenant #4 became agitated in the dining room the previous day when re-directed by staff from putting his/her hands near other tenants' genital areas. Tenant #4 proceeded to get up from his/her chair at the table and yell and curse at staff. Tenant #4 attempted to ambulate without the use of their walker, lost their balance and fell	A 003	Tenant #4 was discharged on June 1st	

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A 003	Continued From page 2 to the floor. - A Resident Note (nurse review) dated 3-20-18 revealed Tenant #4 went into another tenant's apartment and attempted to hold the other individual down. Staff heard the second tenant yell and when entering the apartment observed Tenant #4 with a clenched fist as if going to hit the other tenant. No incident reports for any of these behaviors could be located. An incident report was completed for the fall on 3-15-18; however the report did not include any information regarding the tenant's behavior. 2. Review of Tenant #5's record revealed the following: - A Nurse's Note dated 4-7-18 revealed Tenant #5 went into other tenant apartments and held the door so staff could not get in. Tenant #5 tried to run over another tenant with his/her walker. When staff attempted to assist Tenant #5 with changing his/her soiled pants, he/she became aggressive and grabbed staff's upper arms and pushed staff. - A Nurse's Note dated 4-13-18 revealed Tenant #5 came out to the hallway after a shower wearing only an undergarment and shouting staff's name. - A Nurse's Note dated 4-22-18 (late entry for 4-21-18) revealed Tenant #5 was in the activity room/common area and tried to kiss/touch another tenant. The other tenant said to stop but Tenant #5 persisted. When staff intervened, Tenant #5 attempted to touch/kiss other tenants. - A Nurse's Note dated 4-23-18 (late entry for 4-20-18) revealed Tenant #5 walked around the dementia unit kissing other tenants. When staff redirected, Tenant #5 would ignore staff and	A 003	Tenant #5's record was a closed Record. Tenant #5 was discharged Prior to investigation.	

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A 003	Continued From page 3 continue. Tenant #5 also paced around the unit and sang. It was noted these behaviors were not normal for Tenant #5. - A Nurse's Note dated 4-23-18 revealed Tenant #5 paced the halls, went into other tenants' apartments and kept trying to kiss other tenants and staff. Tenant #5 was taken to the emergency room via ambulance. - A Nurse's Note dated 4-25-18 revealed several behaviors such as going into others' apartments and holding the door closed, chasing another tenant around the TV room and grabbing others and not letting go. The tenant was taken to the hospital. No incident reports for these behaviors could be located. 3. Review of the Program's policy regarding incident reports (Accident/Incident Policy) revealed an incident report was to be competed following incidents or accidents. An incident was defined in the policy as a fall, death, injury or any unusual occurrence. 4. On 5-17-18 at 4:46 p.m. the Executive Director and the Nurse Coordinator confirmed these findings.	A 003		
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	A 037		

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A 037	Continued From page 4 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations within 30 days of occupancy and with significant change for 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. Review of Tenant #1's file revealed the following: - A Resident Note (nurse review) dated 2-15-18 indicated Tenant #1 experienced more pain and displayed contracting of the upper and lower extremities. Staff had been delegated to start administering morphine as needed. - A Notification of Implementation of Standing Orders for wound care dated 3-2-18 indicated the use of Sure Prep daily to affected area and heel lift boots on while in bed. - A Nurse's Note dated 3-6-18 documented during lunch the tenant began to shake, had clenched fists, drooled and bit their tongue. The eyes rolled back and the tenant began to breathe heavily through the mouth. - A Nurse's Note dated 3-7-18 documented Betadine solution to the left foot was	A 037	Tenant #1 was discharged on 5/18.	

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A 037	Continued From page 5 discontinued as a new treatment was in place. A new order was received from Hospice for a Sure Prep for the foot and for a heel boot to be worn in bed. - A Resident Note (nurse review) dated 3-7-18 indicated seizure activity was noted by a nurse. Tenant #1 had most of his/her oral medications discontinued on 2-27-18. Hospice provided an oxygen concentrator to use as needed. - A Nurse's Note dated 4-3-18 documented the Sure Prep was discontinued. - A Nurse's Note dated 4-25-18 documented to discontinue all oral meds except those needed for comfort. - A Nurse's Note dated 5-3-18 documented Tenant #1 had difficulty passing stool. An order was requested for Milk of Magnesia every three days to coincide with the Bisacodyl Suppository every three days. - A Nurse's Note dated 5-8-18 documented staff started checking and changing Tenant #1 during rounds. - A Resident Note (nurse review) dated 5-8-18 indicated a nurse review was completed prompted by a skin change and possible updates to the service plan. The right elbow had a 4 centimeter round light pink area with 0.2 millimeter superficial scratch in the middle. Hospice was to bring elbow protectors at the next visit. Tenant #1 was repositioned every two hours and was a two-person transfer with a gait belt. Tenant #1 wore heel protectors in bed and had a cushion to elevate the heels. The most recent Clinical Update Summary (quarterly assessment) was completed on 2-14-18. The assessment did not include a cognitive evaluation. Evaluations could not be located regarding significant changes of the use	A 037		

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A 037	Continued From page 6 of morphine for increased pain, seizure activity, constipation, increased toileting assistance (check and change), discontinuation of oral medications, the use of oxygen as needed, treatment to the outer foot, repositioning, elbow protectors and the need for a two-person transfer. 2. Review of Tenant #2's record revealed an admission date of 11-6-17. No assessments completed within 30 days could be located. Record review also revealed the following: - A health and functional evaluation was completed on 2-7-17 due to a significant change of condition. The review was completed due to Tenant #2's isolation in his/her apartment, refusal to complete tasks and daily delusions. A cognitive evaluation was not completed. - A Nurse's Note dated 2-11-18 indicated Tenant #2 punched staff in the shoulder with both closed fists and 911 was called. The tenant was hospitalized and returned to the Program on 2-16-28. Prior to re-admission a Clinical Update Summary (re-admission assessment) was completed on 2-15-18. A functional and health evaluation were completed but not signed or dated. A cognitive evaluation was not completed at that time. - An Incident/Accident Report dated 3-31-18 revealed staff found Tenant #2 on the floor next to the sink in his/her apartment. The tenant's head was inside the cupboard underneath the sink. The tenant could not recall how he/she fell but stated he/she did not hit their head. Tenant #2 complained of back pain; however, it was noted Tenant #2 complained of back pain since admission. Vital signs were taken and the Nurse Coordinator, family and Tenant #2's physician were notified. Nurse's Notes indicated the tenant	A 037	An assessment will be Completed on Tenant #2 by July 5, 2018. The assessment will Include a health and Function evaluation as well As a cognitive evaluation. The service plan will be updated to reflect the tenant's current need.	

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A 037	Continued From page 7 left the building with family on 4-1-18 at 1:40 pm for an overnight visit. The tenant returned on 4-3-18. Family reported when giving the tenant a shower on 4-1-18 bruising was noted on various parts of the body. The tenant was in a lot of pain and was taken to the emergency room. Tenant #2's oxygen saturation was low and he/she was diagnosed with a pulmonary embolism (PE) and a deep vein thrombosis (DVT). An order was given for Eliquis. No evaluations could be located regarding the fall, diagnoses of PE and DVT or the new order for an anti-coagulant. - A review of Monthly Blood Pressure and Weights indicated from 2-3-18 to 5-3-18 Tenant #2 lost 15.5 pounds. No evaluation regarding weight loss could be located. 3. Review of Tenant #3's record revealed a Resident Note (nurse review) dated 3-20-18 indicating Tenant #3's leg was oozing copious amounts of clear liquid, was reddened and warm to the touch after scratching leg with a comb on 3-17-18. Upon assessment on 3-19-18, Tenant #3's leg presented with 3+ edema, was warm to the touch and continued to ooze. A fax was sent to the physician with these findings. A return fax contained orders for Lasix, Cephalexin for 10 days and directions for dressing changes. Follow-up orders received on 3-26-18 discontinued the daily dressing changes. A Nurse's Note dated indicated a new order was received to apply Bactroban ointment to wound on right leg (skin tear) twice daily for 10 days and to keep covered for 10 days. No evaluations regarding cellulitis and wound care treatments could be located. 4. Review of Tenant #4's record revealed annual functional and health evaluations were completed	A 037	An evaluation and nurse review was Completed on Tenant #3 June 11, 2018. Tenant #4 was discharged on 6/1/18.	

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A 037	Continued From page 8 on 10-9-17; however, a cognitive evaluation could not be located. Record review also revealed the following: - A Resident Note (nurse review) dated 1-12-18 revealed Tenant #4 had an appointment with a podiatrist on 1-11-18 regarding the a sore area on the top of the left foot. The tenant returned with new orders for treatment of the area. - A Nurse's Note dated 3-14-18 revealed Tenant #4 yelled for help to get off the couch. When staff attempted to assist the tenant yelled, used foul language, grabbed the staff's arm and would not let go. Another staff stepped in and Tenant #4 let go; however, he/she was still agitated. - A Nurse's Note dated 3-15-18 revealed Tenant #4 had his/her hand between another tenant's leg and when redirection was attempted he/she yelled. Tenant #4 then began to put his/her hands between another tenant's legs. The other tenant was removed and Tenant #4 hit staff. - A Nurse's Note dated 3-20-18 revealed Tenant #4 was holding a hand of another tenant and then tried to move his/her hand to the other tenant's leg. The other tenant was removed. Later staff took Tenant #4 to his/her apartment and he/she grabbed staff's crotch and buttocks and made inappropriate comments. - A Resident Note (nurse review) dated 3-16-18 revealed Tenant #4 became agitated in the dining room the previous day when re-directed by staff to stop putting his/her hands near other tenants' genital areas. Tenant #4 proceeded to get up from his/her chair at the table and yell and curse at staff. Tenant #4 attempted to ambulate without the use of their walker, lost their balance and fell to the floor. - A Resident Note (nurse review) dated 3-20-18 revealed Tenant #4 went into another tenant's apartment and attempted to hold the other	A 037		

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A 037	Continued From page 9 individual down. Staff heard the second tenant yell and when entering the apartment observed Tenant #4 with a clenched fist as if going to hit the other tenant. - A Resident Note (nurse review) dated 4-3-18 revealed Tenant #4 was seen by his/her psychiatrist on 4-2-18 and medications were adjusted due to recent behaviors. Evaluations could not be located regarding the increase in behaviors and treatment for an area on the foot. 5. Review of Tenant #5's record revealed annual functional and health evaluations were completed on 1-19-18; however, a cognitive evaluation could not be located. Record review also revealed the following: - A Nurse's Note dated 4-7-18 revealed Tenant #5 went into other tenant apartments and held the door so staff could not get in. Tenant #5 tried to run over another tenant with his/her walker. When staff attempted to assist Tenant #5 with changing his/her soiled pants, he/she became aggressive, grabbed staff's upper arms and pushed them. Family took the tenant to the hospital where he/she was admitted for urinary retention. - A Nurse's Note dated 4-9-18 documented the tenant returned from the hospital with a catheter. - A Nurse's Note dated 4-11-18 revealed the tenant felt two staff were out to get him/her and paced around a lot in the evening. - A Nurse's Note dated 4-13-18 revealed Tenant #5 came out to the hallway after a shower wearing only an undergarment and shouting staff's name. Tenant #5 went to a physician appointment but upon return would not get out of the car for family. Staff assisted Tenant #5 out of	A 037	Tenant #5 had been discharged Prior to inspection. The nurse who was responsible For the oversight of Tenants #4 & #5 No longer works at the program And had been terminated prior to inspection.	

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A 037	Continued From page 10	A 037		

the car. Two staff helped the tenant get ready for bed. The tenant would not assist with dressing or open eyes.

- A Nurse's Note dated 4-13-18 documented the tenant would not stand, move or get dressed. Staff assisted Tenant #5 with eating. The tenant required two staff and a gait belt to transfer.

- A Nurse's Note dated 4-22-18 (late entry for 4-21-18) revealed Tenant #5 was in the activity room/common area and tried to kiss/touch another tenant. The other tenant said to stop but Tenant #5 persisted. When staff intervened, Tenant #5 attempted to touch/kiss other tenants.

- A Nurse's Note dated 4-22-18 revealed Tenant #5 was not walking well and when staff assisted he/she started to lean as if falling.

- A Nurse's Note dated 4-23-18 (late entry for 4-20-18) revealed Tenant #5 walked around the dementia unit kissing other tenants. When redirected, Tenant #5 ignored staff and continued. Tenant #5 also paced around the unit and sang. It was noted these behaviors were not normal for Tenant #5.

- A Nurse's Note dated 4-23-18 revealed Tenant #5 paced the halls, went into other tenants' apartments and kept trying to kiss other tenants and staff. Tenant #5 was taken to the emergency room via ambulance.

- A Nurse's Note dated 4-25-18 revealed several behaviors such as going into others' apartments and holding the door closed, chasing another tenant around the TV room and grabbing others and not letting go. The tenant was taken to the hospital.

- A Resident Note (nurse review) dated 4-26-18 indicated Tenant #5 was found on the floor twice on 4-25-18. Tenant #5 later said he/she put self on the floor. Tenant #5 was taken to the ER on 4-25-18 and diagnosed with a UTI and dementia

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A 037	Continued From page 11 with behavioral disturbance. New orders were received for Cephalexin for the infection and Trazodone as needed for agitation. - A Nurse's Note dated 4-29-18 revealed the tenant had difficulty walking, was shaky and complained of chest pain, dizziness and lightheadedness. An ambulance was called and Tenant #5 was taken to a hospital. Tenant #5 had pneumonia and received an order for an antibiotic for four days. He/she returned to the Program on 4-29-18. - A Nurse's Note dated 5-2-18 documented the tenant's catheter was removed. New orders were received to urinate every two hours while awake for 48 hours. - A Nurse's Note dated 5-5-18 revealed Tenant #5 grabbed another tenant's arm and then grabbed their walker and pulled on it. Tenant #5 then tried to run into the other tenant with his/her walker. Tenant #5 could not be redirected and was taken to the hospital by ambulance. Functional and health evaluations were completed on 4-10-18 upon the tenant's return from the hospital; however a cognitive evaluation could not be located. Evaluations could not be located regarding increased behaviors, removal of a catheter and two hour voiding, pneumonia and a UTI. 6. When interviewed on 5-17-18 at 4:46 the Executive Director and Nurse Coordinator confirmed the evaluations were not found.	A 037		
A 085	481-69.26(3) 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	A 085		

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A 085	Continued From page 12 updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans within 30 days of occupancy and as needed with significant change. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. Review of Tenant #1's file revealed the following: - A Nurse's Note dated 1-29-18 documented Hospice brought in an air mattress for the tenant. - A Resident Note (nurse review) dated 2-15-18 indicated Tenant #1 experienced more pain and displayed contracting of the upper and lower extremities. Staff had been delegated to start administering morphine as needed. - A Notification of Implementation of Standing Orders for wound care dated 3-2-18 indicated the use of Sure Prep daily to affected area and heel lift boots on while in bed. - A Nurse's Note dated 3-6-18 documented during lunch the tenant began to shake, had clenched fists, drooled and bit their tongue. The eyes rolled back and the tenant began to breathe heavily through the mouth. - A Nurse's Note dated 3-7-18 documented Betadine solution to the left foot was discontinued as a new treatment was in place. A new order was received from Hospice for a Sure Prep for the foot and for a heel boot to be worn in	A 085	Tenant #1 was discharged On 5/17/18.	

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	S0026	A. BUILDING: _____ B. WING _____	C 05/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE RIDGE	365 MARION BLVD MARION, IA 52302

(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 085	Continued From page 13 bed. - A Resident Note (nurse review) dated 3-7-18 indicated seizure activity was noted by a nurse. Tenant #1 had most of his/her oral medications discontinued on 2-27-18. Hospice provided an oxygen concentrator to use as needed. - A Nurse's Note dated 4-3-18 documented the Sure Prep was discontinued. - A Nurse's Note dated 4-25-18 documented to discontinue all oral meds except those needed for comfort. - A Nurse's Note dated 5-3-18 documented Tenant #1 had difficulty passing stool. An order was requested for Milk of Magnesia every three days to coincide with the Bisacodyl Suppository every three days. - A Nurse's Note dated 5-8-18 documented staff started checking and changing Tenant #1 during rounds. - A Resident Note (nurse review) dated 5-8-18 indicated a nurse review was completed prompted by a skin change and possible updates to the service plan. The right elbow had a 4 centimeter round light pink area with 0.2 millimeter superficial scratch in the middle. Hospice was to bring elbow protectors at the next visit. Tenant #1 was repositioned every two hours and was a two-person transfer with a gait belt. Tenant #1 wore heel protectors in bed and had a cushion to elevate the heels. The tenant's most recent care plan was dated 7-27-17. The plan was not updated to reflect to reflect increased pain and use of morphine as needed, the use of an air mattress, seizure activity, constipation, increased toileting assistance (check and change), discontinuation of oral medications, oxygen as needed, a treatment to the outer foot, repositioning, elbow	A 085		

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A 085	Continued From page 14 protectors, elbow protectors and two-person transfer. 2. Review of Tenant #2's record revealed an admission date of 11-6-17. No service plan developed within 30 days of occupancy could be located. Record review all revealed the following: - A significant change occurred and a service plan was developed on 2-7-18 due to Tenant #2's isolation in his/her apartment, refusal to tasks and daily delusions. The service plan was not based on a cognitive evaluation and was not signed by the tenant or his/her legal representative. - A Nurse's Note dated 2-11-18 indicated Tenant #2 punched staff in the shoulder with both closed fists and 911 was called. The tenant was hospitalized and returned to the Program on 2-16-28. - An Incident/Accident Report dated 3-31-18 revealed staff found Tenant #2 on the floor next to the sink in his/her apartment. The tenant's head was inside the cupboard underneath the sink. The tenant could not recall how he/she fell but stated he/she did not hit their head. Tenant #2 complained of back pain; however, it was noted Tenant #2 complained of back pain since admission. Vital signs were taken and the Nurse Coordinator, family and Tenant #2's physician were notified. Nurse's Notes indicated the tenant left the building with family on 4-1-18 at 1:40 pm for an overnight visit. The tenant returned on 4-3-18. Family reported when giving the tenant a shower on 4-1-18 bruising was noted on various parts of the body. The tenant was in a lot of pain and was taken to the emergency room. Tenant #2's oxygen saturation was low and he/she was diagnosed with a pulmonary embolism (PE) and	A 085	A complete assessment to include a health and functional Evaluation and a cognitive Evaluation will be completed by July 5, 2018. The service plan Will be updated to reflect the tenant's current needs.	

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VILLAGE RIDGE	365 MARION BLVD MARION, IA 52302

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A 085	Continued From page 15 a deep vein thrombosis (DVT). An order was given for Eliquis. - A review of Monthly Blood Pressure and Weights indicated from 2-3-18 to 5-3-18 Tenant #2 lost 15.5 pounds. The tenant's most recent care plan was dated 2/7/18. The plan was not updated to reflect significant changes including increased behaviors, weight loss, a fall, hospitalization for DVT and PE or the use of an anti-coagulant. 3. Review of Tenant #3's record revealed a Resident Note (nurse review) dated 3-20-18 indicating Tenant #3's leg was oozing copious amounts of clear liquid, was reddened and warm to the touch after scratching leg with a comb on 3-17-18. Upon assessment on 3-19-18, Tenant #3's leg presented with 3+ edema, was warm to the touch and continued to ooze. A fax was sent to the physician with these findings. A return fax contained orders for Lasix, Cephalexin for 10 days and directions for dressing changes. Follow-up orders received on 3-26-18 discontinued the daily dressing changes. A Nurse's Note dated indicated a new order was received to apply Bactroban ointment to wound on right leg (skin tear) twice daily for 10 days and to keep covered for 10 days. The tenant's most recent service plan dated 12-26-17 was not updated as needed to reflect cellulitis and wound care treatments. 4. Review of Tenant #4's record revealed the following: - A Resident Note (nurse review) dated 1-12-18 revealed Tenant #4 had an appointment with a	A 085	Tenant #3's quarterly Assessment completed on June 6. The tenant's physician was Notified via fax on June 8 that The wound and cellulitis were Resolved. We also notified The doctor of the completion Of antibiotics. The service plan Reflects the tenant's condition. Tenant #4 was discharged on June 1, 2018.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE RIDGE	365 MARION BLVD MARION, IA 52302

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A 085	Continued From page 16 podiatrist on 1-11-18 regarding the a sore area on the top of the left foot. The tenant returned with new orders for treatment of the area. - A Nurse's Note dated 3-14-18 revealed Tenant #4 yelled for help to get off the couch. When staff attempted to assist the tenant yelled, used foul language, grabbed the staff's arm and would not let go. Another staff stepped in and Tenant #4 let go; however, he/she was still agitated. - A Nurse's Note dated 3-15-18 revealed Tenant #4 had his/her hand between another tenant's leg and when redirection was attempted he/she yelled. Tenant #4 then began to put his/her hands between another tenant's legs. The other tenant was removed and Tenant #4 hit staff. - A Nurse's Note dated 3-20-18 revealed Tenant #4 was holding a hand of another tenant and then tried to move his/her hand to the other tenant's leg. The other tenant was removed. Later staff took Tenant #4 to his/her apartment and he/she grabbed staff's crotch and buttocks and made inappropriate comments. - A Resident Note (nurse review) dated 3-16-18 revealed Tenant #4 became agitated in the dining room the previous day when re-directed by staff to stop putting his/her hands near other tenants' genital areas. Tenant #4 proceeded to get up from his/her chair at the table and yell and curse at staff. Tenant #4 attempted to ambulate without the use of their walker, lost their balance and fell to the floor. - A Resident Note (nurse review) dated 3-20-18 revealed Tenant #4 went into another tenant's apartment and attempted to hold the other individual down. Staff heard the second tenant yell and when entering the apartment observed Tenant #4 with a clenched fist as if going to hit the other tenant. - A Resident Note (nurse review) dated 4-3-18	A 085		

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	60028	A. BUILDING: _____ B. WING _____	C 05/17/2018

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A 085	Continued From page 17 revealed Tenant #4 was seen by his/her psychiatrist on 4-2-18 and medications were adjusted due to recent behaviors. The tenant's most recent care plan was dated 10-9-17. The plan reflected a bony area on the top left of Tenant #4's foot; however, did not reflect the various treatments utilized. While the plan reflected Tenant #4 had a history of agitation and verbal behaviors; it was not updated to address the sexual behaviors or extent of agitation with interventions. 5. Review of Resident #5's record revealed the following: - A Nurse's Note dated 4-7-18 revealed Tenant #5 went into other tenant apartments and held the door so staff could not get in. Tenant #5 tried to run over another tenant with his/her walker. When staff attempted to assist Tenant #5 with changing his/her soiled pants, he/she became aggressive, grabbed staff's upper arms and pushed them. Family took the tenant to the hospital where he/she was admitted for urinary retention. - A Nurse's Note dated 4-9-18 documented the tenant returned from the hospital with a catheter. - A Nurse's Note dated 4-11-18 revealed the tenant felt two staff were out to get him/her and paced around a lot in the evening. - A Nurse's Note dated 4-13-18 revealed Tenant #5 came out to the hallway after a shower wearing only an undergarment and shouting staff's name. Tenant #5 went to a physician appointment but upon return would not get out of the car for family. Staff assisted Tenant #5 out of the car. Two staff helped the tenant get ready for bed. The tenant would not assist with dressing or	A 085	Tenant #5 had been discharged Prior to inspection.	

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A 085	Continued From page 18 open eyes. - A Nurse's Note dated 4-13-18 documented the tenant would not stand, move or get dressed. Staff assisted Tenant #5 with eating. The tenant required two staff and a gait belt to transfer. - A Nurse's Note dated 4-22-18 (late entry for 4-21-18) revealed Tenant #5 was in the activity room/common area and tried to kiss/touch another tenant. The other tenant said to stop but Tenant #5 persisted. When staff intervened, Tenant #5 attempted to touch/kiss other tenants. - A Nurse's Note dated 4-22-18 revealed Tenant #5 was not walking well and when staff assisted he/she started to lean as if falling. - A Nurse's Note dated 4-23-18 (late entry for 4-20-18) revealed Tenant #5 walked around the dementia unit kissing other tenants. When redirected, Tenant #5 ignored staff and continued. Tenant #5 also paced around the unit and sang. It was noted these behaviors were not normal for Tenant #5. - A Nurse's Note dated 4-23-18 revealed Tenant #5 paced the halls, went into other tenants' apartments and kept trying to kiss other tenants and staff. Tenant #5 was taken to the emergency room via ambulance. - A Nurse's Note dated 4-25-18 revealed several behaviors such as going into others' apartments and holding the door closed, chasing another tenant around the TV room and grabbing others and not letting go. The tenant was taken to the hospital. - A Resident Note (nurse review) dated 4-26-18 indicated Tenant #5 was found on the floor twice on 4-25-18. Tenant #5 later said he/she put self on the floor. Tenant #5 was taken to the ER on 4-25-18 and diagnosed with a UTI and dementia with behavioral disturbance. New orders were received for Cephalexin for the infection and	A 085		

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	80026	A. BUILDING: _____ B. WING _____	C 05/17/2018

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A 085	Continued From page 19 Trazodone as needed for agitation. - A Nurse's Note dated 4-29-18 revealed the tenant had difficulty walking, was shaky and complained of chest pain, dizziness and lightheadedness. An ambulance was called and Tenant #5 was taken to a hospital. Tenant #5 had pneumonia and received an order for an antibiotic for four days. He/she returned to the Program on 4-29-18. - A Nurse's Note dated 5-2-18 documented the tenant's catheter was removed. New orders were received to urinate every two hours while awake for 48 hours. - A Nurse's Note dated 5-5-18 revealed Tenant #5 grabbed another tenant's arm and then grabbed their walker and pulled on it. Tenant #5 then tried to run into the other tenant with his/her walker. Tenant #5 could not be redirected and was taken to the hospital by ambulance. The tenant's most recent care plan was dated 4-10-18. The service plan was not updated as needed regarding increased behaviors, putting on the ground, removal of the catheter with two hour voiding, difficulty with ambulation at times, pneumonia and a UTI with antibiotic therapy. 6. When interviewed on 5-17-18 at 4:46 p.m. the Executive Director and Nurse Coordinator confirmed the above findings.	A 085		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or	A 096		

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A 096	Continued From page 20 health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews every 90 days or as needed with changes in health status. This pertained to 5 of 5 tenants reviewed. (Tenants #2, #3, #4 and #5). Findings follow: 2. Record review of Tenant #2's file revealed diagnoses included: dementia with psychosis, depressive disorder and Alzheimer's disease with behavioral disorder. Tenant #2 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. An Incident/Accident Report dated 3-31-18 revealed staff found Tenant #2 on the floor next to the sink in his/her apartment. The tenant's head was inside the cupboard underneath the sink. The tenant could not recall how he/she fell but stated he/she did not hit their head. Tenant #2 complained of back pain; however, it was noted Tenant #2 complained of back pain since admission. Range of motion was completed to all	A 096	A complete assessment will Be completed on Tenant #2 by July 5, 2018.	

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A 096	Continued From page 21 extremities. Staff assisted Tenant #2 up. Vital signs for 72 hours were started. Vital signs at the time of the incident were noted as the following: blood pressure (B/P) 110/75, temperature (T) 97.3, Pulse (P) 120 and respirations (R) 20. The Nurse Coordinator, family and Tenant #2's physician were notified. Nurse's Notes indicated the following: - On 3-31-18 at 5:55 p.m. Tenant #2's vital signs were: BP 128/66, T 98.9, P 80, R 20. Tenant #2 had no complaints of pain that time. - On 3-31-18 at 11:05 p.m. Tenant #2's vital signs were: BP 122/64, T 98.5, P 74, R 20. Tenant #2 was resting. - On 4-1-18 at 10:25 a.m. Tenant #2's vital signs were: BP 130/80, T 97.7, P 88, R, 20. Tenant #2 was resting in bed. - On 4-1-18 at 1:40 p.m. it was noted Tenant #2 left the building with family and would return on 4-2-18. Vital signs were: BP 148/80, T 97.1, P 90, R 18. Tenant #2 had no complaints. - On 4-3-18 Tenant #2 returned to the Program. Family reported when giving the tenant a shower on 4-1-18 bruising was noted on various parts of the body. The tenant was in a lot of pain and was taken to the emergency room. Tenant #2's oxygen saturation was low and he/she was diagnosed with a pulmonary embolism (PE) and a deep vein thrombosis (DVT). Tenant #2's vital signs were BP 120/76, T 98.4, P 78, R 18. A review of hospital records documented the tenant was seen on 4-1-18. Upon arrival at the emergency room, Tenant #2 was hypoxic. The tenant was diagnosed with extensive bilateral PE and early signs of right heart strain. An order was started for Eliquis 10 mg orally twice daily until 4-9-18 a.m. then take 5 mg daily until	A 096		

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A 096	Continued From page 22 discontinued. A review of the tenant's April medication administration record (MAR) revealed an existing order for 1 tablet daily of aspirin EC 81 mg. The aspirin was charted as held from 4-4-18 to 4-13-18. A clarification was sent to the physician on 4-3-18 documenting Tenant #2 was started on Eliquis and the aspirin EC 81 mg was on hold. The physician was asked if the aspirin was to continue with use of Eliquis. The physician indicated to continue the aspirin by return fax on 4-5-18. This order clarification was noted on 4-8-18. The MAR indicated the aspirin was not resumed until 4-14-18 despite a clarification of order to continue the medication received on 4-5-18. On 5-16-18 at 1:28 p.m. Executive Director (ED) revealed the aspirin was held per family request. A Resident Service Note (nurse review) was completed on 4-3-18 related to the fall. The nurse review did not address the elevated vital signs post fall. No nurse review regarding the clarification of the aspirin order could be located. 3. Review of Tenant #3's file revealed a Resident Note (nurse review) dated 4-24-18 that documented prior to starting a medication for an overactive bladder, a urinalysis was completed and the tenant was started on Macrobid for 10 days. A nurse review could not be located following the completion of the antibiotic therapy to assess for further signs and symptoms of a UTI. A Nurse's Note was documented on 5-3-18; however, it was not completed by a nurse and an assessment was not completed. 4. Review of Tenant #4's service plan indicated	A 096	A nurse review was completed On Tenant #3 on June 11, 2018. Tenant #4 discharged on 6/1/18.	

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A 096	Continued From page 23 he/she received personal and health related care. Nurse reviews completed every 90 days could not be located. 5. Review of Tenant #5's file revealed a Resident Note (nurse review) dated 4-30-18 documenting the tenant had chest pain and complained his/her heart was beating out of his/her chest on 4-29-18. Tenant #5's pulse was 100 beat per minute. The tenant was taken to the emergency room via an ambulance where he/she was diagnosed with pneumonia and given an order for an antibiotic for four days. Tenant #5 returned to the Program on 4-29-18. A nurse review was completed on 5-3-18 regarding the removal of a temporary catheter; however, the nurse review did not address the antibiotic therapy or pneumonia. 6. When interviewed on 5-17-18 at 4:46 p.m. the ED and Nurse Coordinator confirmed the above findings.	A 096	Tenant #5 had been Discharged prior to inspection. To monitor performance to Ensure compliance the Executive Director will Attend the daily nurses meeting and assign a nurse to complete a review that needs to be completed. The Executive Director will either Review the completed assigned Review or will delegate it to another Nurse.	