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
	S0142	A. BUILDING: _____ B. WING _____	C 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD P E, L L C	190 NORTH 15TH STREET ONAWA, IA 51040

(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: 14 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 14 The following regulatory insufficiencies were cited during the investigation of Complaint 76385-C:	A 000		
A 039	481-67.5(7) Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(7) Narcotics protocol shall be determined by the program ' s registered nurse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop a protocol for narcotics. This affected 2 of 2 sample tenants who received narcotics (Tenant #2 and #3). Findings follow: Observation on 6/20/18 at 10:45 a.m. revealed staff administered hydrocodone to Tenant #2. Record review revealed Tenant #2 and Tenant #3's physician's orders included hydrocodone. Continued record review on 6/20/18 revealed the Program's medication policy failed to include protocol for narcotics.	A 039		

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

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A 039	Continued From page 1 When interviewed on 6/20/18 at 11:30 a.m. the Executive Director (ED) reported she could not locate a protocol for narcotics. During the exit interview on 6/20/18 the Administrator, Director of Nursing and ED acknowledged they could not locate a protocol for narcotics.	A 039		
A 033	481-69.21(3) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to review and update the Occupancy Agreement (OA) as needed to incorporate changes to criteria for admission/retention. This potentially affected all tenants of the Program (Tenants #1-#14). Finding follows: Record review on 6/20/18 revealed the Program OA or supporting documents failed to include all criteria for admission/retention of tenants; specifically, chronic urination or defecation in places not considered acceptable according to societal norms (69.23(1)(j)). When interviewed on 6/20/18 at 1:45 p.m. the Administrator and Executive Director confirmed the Program failed to update tenant OAs when program rules changed to include additional admission/retention criteria.	A 033		

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A 037	Continued From page 2	A 037		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure evaluations were completed annually. This potentially affected 14 of 14 tenants and affected 2 of 8 tenants (Tenants #5 and #7) reviewed as a result of Complaint 76385-C. Findings follow: Record review on 6/20/18 revealed the Program completed Tenant # 5's most recent annual evaluations on 3/23/17. Further review revealed the Program completed Tenant #6's most recent annual evaluations on 6/14/17.	A 037		

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A 037	Continued From page 3 During the exit on 6/20/18 at 1:45 p.m. the Administrator, Executive Director and Director of Nursing acknowledged the Program failed to complete annual evaluations as required.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure update service plans at least annually and whenever changes were needed. This affected 2 of 8 tenants (Tenants #5 and #7) reviewed as a result of Complaint 76385-C. Findings follow: Record review on 6/20/18 revealed the Program completed Tenant # 5's most recent service plan on 3/23/17. Continued record review failed to produce a more recent service plan. Record review revealed the Program completed Tenant #6's most recent annual service plan on 6/14/17. Continued record review failed to produce a more recent service plan.	A 083		

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A 083	Continued From page 4 During the exit on 6/20/18 at 1:45 p.m. the Administrator, Executive Director and Director of Nursing acknowledged the Program failed to complete service plans annually as required.	A 083		
A 094	481-69.27(1)a 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 health-related care, the program shall provide for a registered nurse: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently complete nurse reviews at least every 90 days. This affected 4 of 4 tenant files reviewed for nurse reviews (Tenants #4, #6, #7 and #8). Findings follow: Review of tenant quarterly nurse reviews revealed the following:	A 094		

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A 094	Continued From page 5 a. The Program nurse completed a quarterly nurse review for Tenant #4 on 8/28/17. b. The Program nurse completed a quarterly nurse review for Tenant #7 on 12/15/17. d. The Program nurse completed a quarterly nurse review for Tenant #8 on 12/8/17. Review of Tenant #6's record revealed no documentation of quarterly nurse reviews. During the exit on 6/20/18 at 1:45 p.m. the Administrator, Executive Director and Director of Nursing acknowledged the Program failed to complete nurse reviews at least every 90 days as required, as the Program had no registered nurse from 1/12/18 to 5/28/18.	A 094		