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
	S0295	A. BUILDING: _____ B. WING _____	C 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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: 117 Number of tenants with cognitive disorder: 5 TOTAL census of Assisted Living Program: 122 The following regulatory insufficiencies were cited during the investigation into Complaint #76148-C:	A 000		
A 008	481-67.2(1)e 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. 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the program failed to ensure all unusual occurrences were recorded on an incident report form. This	A 008	Plan of Correction is attached 7/6/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0295	A. BUILDING: _____ B. WING _____	C 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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 008	Continued From page 1 pertained to 1 of 5 tenant files reviewed (Tenant #3). Finding follows: Record review revealed Tenant #3's Medication Administration Record (MAR) dated 5/26/18 documented Tenant #3's blood sugar reading of 97 at 4:00 p.m. The MAR further documented one dose of Glutose 15-40% gel administered to Tenant #3 at 6:56 p.m. to treat low blood sugar. When interviewed on 5/30/18 at 4:22 p.m. Staff F revealed she served dinner to Tenant #3 on 5/26/18. Staff F noticed Tenant #3 was sweating and leaned over in his/her chair. Staff F encouraged Tenant #3 to drink water and his/her hand shook when raising the water glass. Staff F watched Tenant #3 for about a minute, then contacted a caregiver to evaluate Tenant #3. This caregiver called other caregivers to come to the dining room to provide assistance. When interviewed on 5/31/18 at 9:21 a.m. Staff C revealed she received a call over the radio from kitchen staff reporting a tenant in the dining room needed assistance. Staff C described Tenant #3 as "so out of it," slouched in his/her chair, and sweating profusely. Staff members attempted to get sugary food into Tenant #3's mouth, but the food would not stay in his/her mouth. Staff C reported medics were contacted and administered sugar water to Tenant #3 upon their arrival. When interviewed on 5/30/18 at 5:00 p.m., Staff D reported hearing a call for assistance from kitchen staff. When Staff D arrived in the dining room, Staff C, E, G and H were present and assisted Tenant #3. Staff D reported Tenant #3 wasn't responding, but had his/her eyes open.	A 008		

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
	S0295	A. BUILDING: _____ B. WING _____	C 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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 008	Continued From page 2 Staff D got orange juice and chocolate ice cream for Tenant #3 to attempt to raise the tenant's blood sugar, but the food came out of his/her mouth. When staff checked Tenant #3's blood sugar level, it was 34, indicating low blood sugar. Staff H went to get the Glutose 15-40% gel and administered this to Tenant #3. When interviewed on 5/30/18 at 4:45 p.m. Staff E reported she administered insulin to Tenant #3 on 5/26/18 around 4:15 p.m. Tenant #3 told Staff E he/she was heading straight down for the evening meal. Staff E received a call over the radio, indicating a tenant was in distress. Staff E went to the dining room and found Staff C, D, G and H present, attempting to feed Tenant #3 peanut butter, orange juice, and chocolate ice cream. Staff E described Tenant #3 as non-responsive. Staff tried to administer the Glutose gel but nothing stayed in the mouth of Tenant #3. When interviewed on 5/31/18 at 8:52 a.m. Staff H revealed she heard a radio call from the kitchen asking for help with a tenant. Staff H arrived in the dining room and assisted Staff C to feed Tenant #3 orange juice and chocolate ice cream. Staff C retrieved the glucometer and Tenant #3's blood sugar was 34. Staff H reported "minute by minute" Tenant #3 became less responsive. She contacted an on-call nurse and was told to administer Glutose gel to Tenant #3 and to call 911. The medics were contacted and arrived to provide treatment to Tenant #3. A review of the Program's Crisis Situation #31: Incident Reporting policy indicated staff who witnessed or responded to an incident should complete the proper incident report form and give it to a supervisor immediately. Incidents to be	A 008		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0295	A. BUILDING: _____ B. WING _____	C 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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 008	Continued From page 3 reported included those in which a 911 call or emergency contact call was made, as well as incidents emergency assistance was provided by staff. Additional record review on 5/30/18 failed to produce an incident report to document the incident involving Tenant #3 on 5/26/18. When interviewed on 5/31/18 at 10:55 a.m. the Health Administrator-RN reported an incident report had not been completed on this incident. The Health Administrator-RN stated an incident report was never completed in this type of incident.	A 008		
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 This REQUIREMENT is not met as evidenced by: Based on interview and file review, the program failed to complete nurses' notes by exception for 1 of 5 tenant files reviewed (Tenant #3). Findings follow: Record review revealed Tenant #3's Medication	A 071		

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
	S0295	A. BUILDING: _____ B. WING _____	C 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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 071	Continued From page 4 Administration Record (MAR) dated 5/26/18 documented Tenant #3's blood sugar reading of 97 at 4:00 p.m. The MAR further documented one dose of Glutose 15-40% gel administered to Tenant #3 at 6:56 p.m. to treat low blood sugar. When interviewed on 5/30/18 at 4:22 p.m. Staff F revealed she served dinner to Tenant #3 on 5/26/18. Staff F noticed Tenant #3 was sweating and leaned over in his/her chair. Staff F encouraged Tenant #3 to drink water and his/her hand shook when raising the water glass. Staff F watched Tenant #3 for about a minute, then contacted a caregiver to evaluate Tenant #3. This caregiver called other caregivers to come to the dining room to provide assistance. When interviewed on 5/31/18 at 9:21 a.m. Staff C revealed she received a call over the radio from kitchen staff reporting a tenant in the dining room needed assistance. Staff C described Tenant #3 as "so out of it," slouched in his/her chair, and sweating profusely. Staff members attempted to get sugary food into Tenant #3's mouth, but the food would not stay in his/her mouth. Staff C reported medics were contacted and administered sugar water to Tenant #3 upon their arrival. When interviewed on 5/30/18 at 5:00 p.m., Staff D reported hearing a call for assistance from kitchen staff. When Staff D arrived in the dining room, Staff C, E, G and H were present and assisted Tenant #3. Staff D reported Tenant #3 wasn't responding, but had his/her eyes open. Staff D got orange juice and chocolate ice cream for Tenant #3 to attempt to raise the tenant's blood sugar, but the food came out of his/her mouth. When staff checked Tenant #3's blood sugar level, it was 34, indicating low blood sugar.	A 071		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0295	A. BUILDING: _____ B. WING _____	C 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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 071	Continued From page 5 Staff H went to get the Glutose 15-40% gel and administered this to Tenant #3. When interviewed on 5/30/18 at 4:45 p.m. Staff E reported she administered insulin to Tenant #3 on 5/26/18 around 4:15 p.m. Tenant #3 told Staff E he/she was heading straight down for the evening meal. Staff E received a call over the radio, indicating a tenant was in distress. Staff E went to the dining room and found Staff C, D, G and H present, attempting to feed Tenant #3 peanut butter, orange juice, and chocolate ice cream. Staff E described Tenant #3 as non-responsive. Staff tried to administer the Glutose gel but nothing stayed in the mouth of Tenant #3. When interviewed on 5/31/18 at 8:52 a.m. Staff H revealed she heard a radio call from the kitchen asking for help with a tenant. Staff H arrived in the dining room and assisted Staff C to feed Tenant #3 orange juice and chocolate ice cream. Staff C retrieved the glucometer and Tenant #3's blood sugar was 34. Staff H reported "minute by minute" Tenant #3 became less responsive. She contacted an on-call nurse and was told to administer Glutose gel to Tenant #3 and to call 911. The medics were contacted and arrived to provide treatment to Tenant #3. A review of the Program's Crisis Situation #31: Incident Reporting policy indicated staff who witnessed or responded to an incident should complete the proper incident report form and give it to a supervisor immediately. Incidents to be reported included those in which a 911 call or emergency contact call was made, as well as incidents emergency assistance was provided by staff.	A 071		

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
	S0295	A. BUILDING: _____ B. WING _____	C 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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 071	Continued From page 6 Additional record review on 5/30/18 revealed nurses' notes could be located regarding this incident. When interviewed 5/30/18 at 10:55 a.m., the Health Administrator/RN reported the incident should have been documented in nurses' notes.	A 071		

Plan of Correction – Senior Star at Elmore Place

✓ 7/11/18

Date: 6.25.18
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Health Service Administrator
RE: DIA Visit on May 30-June 7, 2018

Enclosed is the Plan of Correction (POC) in response to on-site monitoring visit by DIA monitor Stephanie Dodge on May 30-June 7, 2018, to Senior Star at Elmore Place Assisted Living. Regulatory Insufficiencies in the area(s) of: Policies and Procedures and tenant documents, and provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. Each area of regulatory Insufficiency is noted in this document including a detailed POC.

PLAN OF CORRECTION

Area: Program policies and procedures

Regulatory Insufficiency #1: 481-67.2(1)e Program Policies and Procedures, including those for incident reports. A programs 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. 67.2(1) The programs policies and procedures in incident reports, at a minimum, shall include the following: (e) all accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will require a nurse to document unusual occurrences as defined in our policy as an incident. Assisted Living staff was reeducated on 6.27.18 on what an unusual occurrence is defined as.
2. **The following measures will be taken to ensure the problem does not recur:** The registered Nurses and or designee will continue ongoing training with procedures as deemed necessary.
3. **The Program plans to monitor performance to ensure compliance by:** The registered nurses and or designee will monitor any unusual occurrences to ensure documentation is completed annually.
4. **The regulatory insufficiency will be corrected by:** July 11th, 2018

Area: Tenant documents

Regulatory Insufficiency #2: 481-69.25(1)l 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 professional' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will require a nurse to document in nurses notes written by exception. Assisted Living staff was reeducated on 6.27.18 on documentation required in nurses notes

✓ DD 7/6/18

2. **The following measures will be taken to ensure the problem does not recur:** The registered Nurses and or designee will continue ongoing education of procedures r/t documentation as deemed necessary.
3. **The Program plans to monitor performance to ensure compliance by:** The registered nurses and or designee will monitor any notes by exception to ensure documentation is completed annually.
4. **The regulatory insufficiency will be corrected by:** July 11th, 2018