9/10/18 OK 9/10/18

PRINTED: 08/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP250	A. BUILDING _____ B. WING _____	08/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND RIDGE	100 VILLAGE VIEW CIRCLE WILLIAMSBURG, IA 52361

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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: 42 Number of tenants with cognitive disorder: 2 TOTAL census of Assisted Living Program: 44 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 061	481-67.9(4)d Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received nurse delegated training for assistance with a continuous positive airway pressure (C-PAP) machine. This pertained to 2 of 2 direct care staff reviewed (Staff A and B). Findings follow:	A 061	A 061 The program will continue to ensure employees are properly trained on CPAP application & cleaning per manufacturer's guidelines. A delegated procedure was developed and all employees of the ALP have been trained and education completed. Program insufficiency corrected as of September 14, 2018. All newly hired employees will receive the education and delegation during standard orientation procedures.	

POC 9/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kristie Humphrey RN TITLE Clinical Administrator of Assisted Living (X6) DATE 9-7-18

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A 061	Continued From Page 1 1. When interviewed on 8-13-18 the Clinical Administrator of Assisted Living revealed Tenant #5 had a C-PAP machine and staff provided assistance with the task. 2. Record review on 8-13-18 of Tenant #5's file revealed a diagnosis of sleep apnea. The service plan dated 8-10-18 indicated staff assisted with the application of the C-PAP nightly and provided cleaning of the machine weekly. Continued record review of Service Charting Forms revealed staff documented cleaning the C-PAP machine and tubing weekly and a change of tubing monthly. Staff also documented they ensured the C-PAP was connected together and they assisted with the application of the C-PAP nightly. 3. Further record review on 8-8-18 of staff files revealed Staff A and B's files lacked documented nurse delegated training for the application of the C-PAP and cleaning of the C-PAP machine and tubing. 4. When interviewed on 8-13-18 at 4:10 p.m. the Clinical Administrator of Assisted Living confirmed documented nurse delegated training for the C-PAP machine was not completed for the staff reviewed.	A 061	A 089 The program will continue to ensure that Tenant Service Plans are individualized, and identify the needs and preferences for assistance. Tenant's Service Plans were reviewed and revised as needed with all changes and preferences. Program Nursing Staff reviewed the regulations regarding Service Plans on August 14, 2018. Program process for inputting and documenting tenant preferences has been reviewed and the Service Plan template for the program updated. Nursing staff educated on updated process on August 16, 2018. Clinical Administrator and/or designee will monitor and conduct audits monthly for 90 days to ensure compliance and as needed thereafter. Program insufficiency corrected as of August 24, 2018. Any concerns from audits/monitoring will be reviewed by Program RN.	
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 2	A 089		

This Requirement is not met as evidenced by:
Based on interview and record review the Program failed to develop service plans to reflect tenants' identified needs. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow:

1. Record review on 8-13-18 of Tenant #1's file revealed a diagnosis of Parkinsonism. Integrated Progress Notes indicated the following:
a. On 5-7-18 (late entry for 5-5-18) it was noted Tenant #1 fell in his bathroom and sustained an abrasion to the front lower tibia.

b. On 6-14-18 it was noted Tenant #1 fell in his apartment and no injuries were noted.

c. On 6-18-18 (late entry for 6-17-18) it was noted Tenant #1 fell in his kitchen. Tenant #1 reported pain in his right shoulder.

d. On 7-25-18 it was noted Tenant #1 lost his balance and fell. Tenant #1 sustained three skin tears on the right arm and carpet burn on the right elbow.

Continued record review revealed an Occupational Therapy Discharge Summary indicated Tenant #1 received occupational therapy (OT) services, with the initial evaluation on 4-9-18 and discharge on 5-8-18. A Physical Therapy Discharge Summary indicated Tenant #1 had received physical therapy (PT) services, with the initial evaluation on 4-11-18 and discharge on 5-15-18.

Further record review of Service Charting Forms indicated staff documented completion of a daily

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A 089	Continued From Page 3 reassurance check for Tenant #1 at 9:00 a.m. to check for safety and to assist with putting in his hearing aides at that time. Continued record review revealed the service plan updated on 5-24-18 reflected to encourage Tenant #1 to use a two wheeled walker instead of a cane; however, the service plan did not reflect Tenant #1's history of falls and interventions. The service plan reflected Tenant #1 received PT services; however, Tenant #1 had received OT and PT services, both of which were discontinued in May of 2018. The service plan also did not reflect the scheduled daily reassurance safety check and assistance with hearing aides completed by staff at 9:00 a.m. 2. Record review on 8-13-18 of Tenant #2's file revealed she was staged at five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. Integrated Progress Notes indicated the following: a. On 7-17-18 (late entry for 7-16-18) it was noted Tenant #2 was very confused and said she was going home. Staff reported Tenant #2 was "adamant" about going home. b. On 7-17-18 it was noted PT and OT would discharge Tenant #2 as she was unable to follow instructions due to cognitive impairment. Both PT and OT recommended Tenant #2 not remain in assisted living as they did not feel it was safe option. Concerns were voiced regarding Tenant #2 forgetting her walker, getting lost and possible elopement. Tenant #2's family was made aware of a need for a higher level of care and was agreeable. c. On 7-18-18 it was noted Tenant #2 was found in the elevator without her walker or emergency	A 089		

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A 089	Continued From Page 4 pendant. d. On 7-18-18 it was noted antibiotics were delivered to begin treatment of a urinary tract infection (UTI). e. On 7-19-18 it was noted staff found Tenant #2 walking around her apartment with no clothing on from the waist down. Tenant #2 reported she wanted to go across the parking lot to the hospital and to the exercise room, which was not in the that building. f. On 7-20-18 it was noted a server in the dining room found Tenant #2 without her walker and poor balance was observed. Tenant #2 reported she wanted to go to the grocery store. g. On 7-20-18 it was noted a tenant from the independent living reported last evening, after supper, Tenant #2 was found in the independent living elevators and she did not appear to know how or where to get off the elevator. Tenant #2 did not have her walker and was unsteady. Tenant #2 was brought back to assisted living and staff was notified to assist. h. On 7-22-18 it was noted Tenant #2 came to the dining room for supper at 2:30 p.m. Staff asked Tenant #2 if she could get back to her apartment and Tenant #2 provided an incorrect apartment number. Staff escorted her back to her apartment. i. On 7-23-18 it was noted antibiotics were completed. When staff went to give her medications in the morning, Tenant #2 was observed sitting in her undergarments starring at the door and reported she did not know what else to do. There were four reports that day of Tenant #2 riding up and down in the elevator, not aware	A 089		

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A 089	Continued From Page 5 of where she was going or her apartment number. j. On 7-25-18 it was noted staff went to assist Tenant #2 with a shower and found her standing in the bathroom, wearing only pants. She had the hand held shower pulled out and water was running over on the bathroom floor. k. On 7-27-18 it was noted staff found Tenant #2 in the cafe looking for coffee but put orange juice in her cup. Her walker was found 20 feet away. Tenant #2 reported she was going to her apartment; however, in 10 minutes servers in the dining room observed her in the dining room looking for her apartment. l. On 8-8-18 it was noted Tenant #2's family inquired about when a move to the nursing facility would occur. It was anticipated in one to two weeks, when a bed at the nursing facility would be available for Tenant #2. Continued record review revealed a fax to the physician dated 7-13-18 indicated Tenant #2 had increased confusion and a urinalysis and culture and sensitivity if indicated was ordered. A physician's order for Ciprofloxacin 250 milligram twice daily for seven days was received on 7-17-18. Further record review revealed an Occupational Therapy Discharge Summary indicated Tenant #2 received OT services, with the initial evaluation on 6-12-18 and discharge on 7-19-18. A Physical Therapy Discharge Summary indicated Tenant #2 received PT services, with the initial evaluation on 6-20-18 and discharge on 7-16-18. Continued record review revealed the service plan dated 7-6-18 indicated to report any increase in confusion or behavior to the nurse. Staff was to	A 089		

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A 089	Continued From Page 6 remind, redirect or escort Tenant #2 to any area she was unable to remember. The service plan did not address Tenant #2's comments regarding wanting to leave and behavior as noted above and interventions related to the behavior. The service plan did not address the UTI and treatment. The service plan reflected Tenant #2 received PT and OT services, both of which were discontinued in July of 2018. 3. Record review on 8-13-18 of Tenant #3's file diagnoses included: major depressive disorder, panic disorder, and anxiety disorder. A Physician's Order document noted on 11-22-17 reflected an annual recertification assessment was completed. Tenant #3 was independent with dressing and grooming but appeared unkept. She called the nursing office on days showers were scheduled and refused to shower or bathe. Tenant #3 slept the majority of the day and on occasion called for room trays. Integrated Progress Notes indicated the following: a. On 3-26-18 (late entry for 3-25-18) it was noted Tenant #3 fell out of bed and no injuries were noted. b. On 4-19-18 it was noted staff heard Tenant #3 calling for help and found Tenant #3 on the floor. Tenant #3 reported losing her balance and falling on her right side. Tenant #3 did not have her walker and was not wearing her emergency pendant. c. On 4-27-18 it was noted staff found Tenant #3 on the floor. She sustained a skin tear on the right elbow. Tenant #3 did not have her emergency pendant and her walker was in another room.	A 089		

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A 089	Continued From Page 7 d. On 6-12-18 it was noted Tenant #3 fell out of bed. It was noted there was bowel movement (BM) on Tenant #3 and on the floor. e. On 6-13-18 it was noted Tenant #3 tended to stay in bed for the majority of the day and frequently called the kitchen for a room tray. It was not a new issue for Tenant #3 and was more of a daily occurrence. f. On 7-12-18 it was noted when cleaning Tenant #3's apartment, housekeeping staff found BM on the floor that had been there several days. g. On 7-13-18 it was noted administrative staff spoke with Tenant #3 regarding concerns with household hygiene. Outside of the apartment door there was a strong urine odor noted. Inside the apartment there were numerous food containers, including some that contained food. There were more than 20 coffee cups, many with liquids. It was also discussed that Tenant #3 had refused both baths that week. Continued record review revealed a Home Health Aide Log/Unscheduled Visit document revealed from 5-16-18 to 7-14-18 Tenant #3 requested a room tray over 40 times for meals. Further record review revealed Service Charting Forms reflected from 6-4-18 to 7-23-18 there were 10 entries staff charted an R with a circle, to indicate a refusal of bathing at Tenant #3's scheduled times for bathing. Continued record review revealed the service plan dated 11-21-17 reflected Tenant #3 ambulated independently with a walker, staff assisted with a shower twice per week and Tenant #3 was independent with toileting needs and managed	A 089		

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A 089	Continued From Page 8 incontinence products independently. The service plan also reflected Tenant #3 would have continental breakfast in the cafe and two meals daily were provided. The service plan did not reflect Tenant #3's falls and interventions, bathing refusals and interventions, routine tray service requests, and issues with personal hygiene and household cleanliness. 4. Record review on 8-13-18 of Tenant #4's file revealed Service Charting Forms indicated staff documented completion of a daily reassurance check for Tenant #4 at 6:30 a.m. to check for safety. Continued record review revealed the service plan dated 7-12-18 did not reflect the daily reassurance safety check completed by staff at 6:30 a.m. 5. Record review on 8-13-18 of Tenant #5's file revealed a diagnosis of cerebral infarction. An Occupational Therapy Discharge Summary indicated Tenant #5 had received OT services, with the initial evaluation on 7-12-18 and discharge on 7-26-18. A Physical Therapy Discharge Summary indicated Tenant #5 had received PT services, with the initial evaluation on 7-16-18 and discharge on 8-1-18. Continued record review revealed the ALP Entrance Form, completed by the Program, identified Tenant #5 had a bed rail. Further record review revealed the service plan dated 8-10-18 reflected Tenant #5 received PT and OT services; however, both therapies were discontinued prior to the update of the service plan on 8-10-18. The service plan also did not reflect the use of a bed rail.	A 089		

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A 089	Continued From Page 9 6. When interviewed on 8-14-18 at 2:00 p.m. and 3:35 p.m. the Clinical Administrator of Assisted Living confirmed the above findings.	A 089		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure staff responsible for food service had an orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection. This pertained to 2 of 2 dietary staff reviewed (Staff C and D). Findings follow: 1. Record review on 8-8-18 revealed Staff C, a dietary server, had a hire date of 9-5-17. Staff C completed a food safety training dated 1-25-18; however, no documented training on sanitation and safe food handling was completed prior to handling food. Record review on 8-8-18 revealed Staff D, a dietary server, had a hire date of 5-30-17. Staff D did not have documented training on sanitation and safe food handling prior to handling food and did not have an annual in-service training on food protection.	A 104	A 104 The program will assure that employees are properly trained on sanitation and safe food handling prior to handling food as well as assuring competency on an annual basis. All Culinary and nursing staff have been assigned Food Safety Fundamentals training in Relias. Program insufficiency corrected as of September 15, 2018. Culinary Director and/or designee will monitor and conduct monthly audits for 90 days to ensure compliance and as needed thereafter. Human Resources will be responsible for assigning food safety training in Relias at onboarding and Culinary Director will assure annual retraining and competency thereafter.	

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A 104	Continued From Page 10 2. When interviewed on 8-13-18 at 4:15 p.m. the Nutrition and Culinary Director confirmed Staff C and D served food at the Program and there was no additional documented food safety and sanitation training for the staff reviewed.	A 104		