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
	S0013	A. BUILDING: _____ B. WING _____	11/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REED PLACE	2506 3RD AVE NORTH DENISON, IA 51442

(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: 20 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 28 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	V 1/16/19	
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.	A 037	Plan of Correction is attached	

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

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive and health status following a significant change for 2 of 3 tenants reviewed (Tenant #1, Tenant #3). Findings include: 1. On 11/26/18 at 10:15 a.m. incident report review revealed on 11/09/18 Tenant #1 was noted as having a 14 pound weight gain in one month. On 11/27/18 at 11:00 a.m. review of Tenant #1's record revealed a service note dated 11/09/18 indicating the tenant was seen by her physician regarding the weight gain. Tenant #1's physician gave orders to discontinue Lasix, start Bumetanide 2mg twice a day, weigh daily due to congestive heart failure and stressed the importance of a low sodium diet. On 11/13/18 the Program clarified the physician's orders as the Program was not able to serve a low sodium diet. The Program reported they were able to give a regular diet with no soup. Tenant #1's physician agreed to this diet. No evaluation assessing the functional, cognitive and health status following this identified change in Tenant #1's condition could be located. On 11/27/18 at 12:10 p.m. the Care Services Coordinator confirmed an evaluation had not been completed. 2. On 11/27/18 at 12:37 p.m. review of Tenant	A 037		

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A 037	Continued From page 2 #3's record revealed the tenant was seen by her physician on 11/2/18 and was noted as having a pressure sore on her bottom. Tenant #3's physician encouraged her to stay off her coccyx area as much as possible and prescribed Cephalexin and Prednisone as well as Calmoseptine ointment to the open area. No evaluation assessing the functional, cognitive and health status following this identified change in Tenant #3's condition could be located. On 11/27/18 at 1:15 p.m. the Care Services Coordinator confirmed an evaluation assessing the functional, cognitive and health status following this identified change in Tenant #3's skin condition had not been completed.	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 update service plans following a significant change for 2 of 3 tenants reviewed	A 083		

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A 083	Continued From page 3 (Tenant #1, Tenant #3). Findings include: 1. On 11/26/18 at 10:15 a.m. incident report review revealed on 11/09/18 Tenant #1 was noted as having a 14 pound weight gain in one month. On 11/27/18 at 11:00 a.m. review of Tenant #1's record revealed a service note dated 11/09/18 indicating the tenant was seen by her physician regarding the weight gain. Tenant #1's physician gave orders to discontinue Lasix, start Bumetanide 2mg twice a day, weigh daily due to congestive heart failure and stressed the importance of a low sodium diet. On 11/13/18 the Program clarified the physician's orders as the Program was not able to serve a low sodium diet. The Program reported they were able to give a regular diet with no soup. Tenant #1's physician agreed to this diet. Review of the tenant's service plan last dated 10/12/18 revealed no evidence the plan was updated to include the dietary requirements or the need to weigh daily. On 11/27/18 at 12:10 p.m. the Care Services Coordinator confirmed this finding. 2. On 11/27/18 at 12:37 p.m. review of Tenant #3's record revealed the tenant was seen by her physician on 11/2/18 and was noted as having a pressure sore on her bottom. Tenant #3's physician encouraged her to stay off her coccyx area as much as possible and prescribed Cephalexin and Prednisone as well as Calmoseptine ointment to the open area. Review of the tenant's service plan last dated	A 083		

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A 083	Continued From page 4 9/12/18 revealed no evidence the plan was updated to include the treatment to the bed sore or the need to stay off her coccyx as much as possible. On 11/27/18 at 1:15 p.m. the Care Services Coordinator confirmed this finding.	A 083		

December 18th, 2018

Ms. Linda Kellen, Bureau Chief

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

HEALTH FACILITIES

DEC 19 2018

1/16/19

RE: Reed Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Investigation Survey which was conducted November 26th-November 27th, 2018 at Reed Place. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-69.22(2) – Evaluation of tenant

- On November 28th, 2018 the CSM completed a cognitive, functional, and health status assessment followed by an updated Care plan to reflect the change in condition of Tenant #1.
- On December 10th, 2018 the CSM completed a cognitive, functional, and health status assessment followed by an updated Care plan to reflect the change in condition of Tenant #3.
- Regional Director of Care Services (RDCS) re-educated the Executive Director (ED) and the Care Service Manager (CSM) on the requirements of updating resident service plans with change of conditions on November 27th, 2018.
- The ED, CSM, or designee will conduct a monthly audit to ensure change of condition assessments are completed timely for one quarter. Monitoring will be ongoing according to the Executive Director.

IAC r 481-69.26(1) - Service Plans

- Tenant #1 – an updated service plan was completed on November 28th, 2018 to reflect weight gain and current orders.
- Tenant #3- an updated service plan was completed on December 10th, 2018 to reflect current orders and home health care treatment.

- RDCS re-educated the ED and CSM on the requirements of having Service Plans that are individualized and identify needs and preferences for assistance; on November 27th, 2018.
- ED or designee and CSM or designee will review current resident service plans to ensure that they are individualized and identify needs and preferences for assistance; newly admitted residents will be reviewed at the time of move-in to ensure the same.
- Date of completion for the Plan of Correction is January 16th, 2019.

Sincerely,

Rose Strong

Executive Director/Reed Place