DEPARTMENT OF INSPECTIONS AND APPEALS

11/17/19 OK 11/17/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0313	A. BUILDING: _____ B. WING _____	C 11/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF OSCEOLA MEMORY CARE	334 NORTH WEST VIEW DRIVE OSCEOLA, IA 50213

(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. Memory Care Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 9 TOTAL Census of Assisted Living Program for People with Dementia : 12 The following regulatory insufficiencies were cited during the investigation into Complaint #79097-C.	A 000	See attached POC 11/19/18	
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	A 037		

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 by: Based on interview and record review the Program failed to ensure evaluations were consistently completed with a change of condition for 1 of 2 tenants (Tenant #1) reviewed during the investigation of complaint #79097-C. Finding follows: Record review revealed a clinical note dated 8/16/18 documented Tenant #1 awoke with tenderness in her lower right leg. The nurse evaluated the tenant and noted the lower leg to be tender to the touch, in addition to a slighted reddened quarter-sized spot. The tenant was sent to the physician, where she was asked to return to the hospital at 2:00 p.m. for an ultrasound. The ultrasound resulted in a diagnosis of thrombophlebitis of superficial veins of the right lower extremity. Compression stockings and aspirin were ordered daily. Further record review revealed an additional clinical note on 8/16/18 ordered compression stockings to be put on Tenant #1 in the morning and off at bedtime and administration of aspirin 81 milligrams (mg) daily for thrombophlebitis. Additional record review failed to produce documentation of evaluations completed after Tenant #1's significant change in condition. When interviewed on 10/31/18 at 1:25 p.m. the Program's Registered Nurse (RN) confirmed she had not completed evaluations with a significant change of condition (diagnosis of thrombophebitis). Once brought to the Program's attention the change of condition was completed.	A 037		

✓ 1/11/19 OK 1117/19

Homestead Assisted Living & Memory Care – Osceola, IA
Plan of Correction following Recertification Monitoring Visit from 10/29-11/19/2018
Complaint #79097-C

1/9/2019

RI #1 - A 037 481-69.22(2) Evaluation of Tenant

Based on interview record review the Program failed to ensure evaluations were consistently completed with a change of condition for 1 of 2 tenants (Tenant #1) reviewed during the investigation of complaint #79097-C.

1) **Moving forward, RN will use Change of Condition Flow Chart. RN will confer with Corporate Nurse if question occur about a tenant's change of condition. RN will refer to state regulation as need, when doing changes of condition and Care Plan Review.**
2) **Education completed with RN regarding tenant evaluation, state regulatory rules, and change of condition expectations verbally, RN reviewed the Change of Condition Chart with RCC and Executive Director on 11/19/18 to help prevent reoccurrence.**
3) **Program will be monitored onsite annually by Corporate QA/QI Team for continued compliance with focus on Evaluation of Tenant, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.**
4) **RI was corrected on 11/2/19 with change of condition paperwork including: functional, cognitive, and physical assessments complete, with service plan update and nurse review on Tenant #1.**