DEPARTMENT OF INSPECTIONS AND APPEALS

✓ 11/7/19 OK 11/7/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0362	A. BUILDING: _____ B. WING _____	C 11/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFIELD RETIREMENT COMMUNITY INC	13731 HICKMAN ROAD URBANDALE, IA 50323

(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. General Population Program Number of tenants without cognitive disorder: 20 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 20 The following regulatory insufficiencies were cited during the Investigation of Complaint #79289-C. 231C.5(1) Written occupancy agreement required. Based on interview and record review the Program failed to ensure execution of an occupancy agreement between the Program and a tenant prior to admission. This pertained to 1 of 3 tenants reviewed (Tenant #1). Findings follow: Record review revealed Tenant #1's admission date to the Program indicated as 2-28-18. Continued record review revealed her occupancy agreement executed 5-7-18. During an interview on 11-1-18 at 11:33 a.m. the Director of Home Health confirmed this finding.	A 000	See attached POC 12/17/18	
A 036	481-69.22(1) Evaluation of Tenant	A 036		

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

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A 036	Continued From page 1 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate a tenant prior to a tenant signing the occupancy agreement. This pertained to 1 of 3 tenants reviewed (Tenant #2). Findings follow: Record review revealed Tenant #2's admission date to the Program indicated as 10-20-18. Continued record review revealed her Tenant Functional Assessment, Global Deterioration Scale, and Health Assessment completed 10-19-18. Additional record review revealed Tenant #2's occupancy agreement, executed 10-15-18.	A 036		

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A 036	Continued From page 2 During an interview on 11-1-18 at 11:33 a.m. the Director of Home Health confirmed this finding.	A 036		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all participants in development of service plans signed the plan. This pertained to 1 of 1 tenants reviewed that received personal health related care (Tenant #3). Findings follow: Record review revealed Tenant #3's admission date to the Program indicated as 5-25-18. Continued record review revealed her Service Plan not dated or signed by her or a health care professional that participated in development of the plan.	A 084		

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A 084	Continued From page 3 During an interview on 11-1-18 at 11:33 a.m. the Director of Home Health confirmed this finding.	A 084		
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 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop an individualized service plan to identify the needs and preferences of the tenant. This pertained to 1 of 3 tenants reviewed (Tenant #1). Findings follow: Record review revealed Tenant #2's admission date to the Program indicated as 2-28-18. Continued record revealed an Order of Protection, dated 5-10-18 due to founded elder abuse. Additional record review revealed Tenant #2's service plan, dated 2-28-18, failed to include the Order of Protection. During an interview on 11-1-18 at 11:33 a.m. the Director of Home Health confirmed this finding.	A 089		
A 094	481-69.27(1)a Nurse Review 481-69.27(231C) Nurse review. If a tenant does	A 094		

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A 094	Continued From page 4 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 complete a quarterly review. This pertained to 1 of 1 tenants reviewed receiving personal health related care (Tenant #3). Findings follow: Record review revealed Tenant #3's admission date to the Program indicated as 5-25-18. Continued record review revealed Functional Assessment, dated 6-18-18, revealed she required assistance with medications. Her undated Service Plan revealed she received assistance for medication administration. Continued record review on 11-1-18 revealed the Program failed to monitor the service plan at least every 90 days.	A 094		

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A 094	Continued From page 5 During an interview on 11-1-18 at 11:33 a.m. the Director of Home Health confirmed this finding.	A 094		

OK 11/7/19

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Deerfield Assisted Living
Complaint survey October 31 – November 1

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law.

A 036 – An evaluation will be completed for tenants of the assisted living program that meet or exceed state requirements prior to signing an occupancy agreement. Tenants will be evaluated through a cognitive evaluation, using the Mini-mental status exam. When the score indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used subsequently. The RN assisted living program manager has been re-educated to this requirement. An assessment checklist will be utilized for each tenant to ensure timely completion of comprehensive and person-centered evaluations. Auditing of tenant record will be completed for 3 months to assure ongoing compliance. This process will become part of the Program QAPI process.
Completion date: 12/17/2018

A 084 – Preliminary tenant service plans will be developed for each tenant prior to signing an occupancy agreement. The service plan will be completed by the RN assisted living program manager who has been educated to this requirement. The service plan will be signed off by the tenant and/or the tenant's legal representative as well as the RN assisted living program manager. This process will be included in the QAPI process.
Completion date: 12/17/2018

A 089 – Service plans will be developed for each tenant to ensure individualized tenant's needs and preferences are being met. Service plans will be reviewed monthly to assure completion and accuracy of service plans that meet individual tenant needs and preferences. The RN assisted living program manager has been re-educated to this requirement. Trends or issues related to comprehensive service plans will be included in the QAPI process.
Completion date: 12/17/2018

A 094 – A quarterly nurse review will take place for tenants of the assisted living program to observe tenant's condition by the RN assisted living program manager. The RN assisted living program manager has been re-educated to this requirement. Auditing of tenant record will be completed for 3 months to assure ongoing compliance. This process will become part of the Program QAPI process.
Completion date: 12/17/2018