4/24/19

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
	S0356	A. BUILDING: _____ B. WING _____	03/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANNING SENIOR LIVING	203 11TH STREET MANNING, IA 51455

(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: 21 Number of tenants with cognitive disorder: 3 Total census of Assisted Living Program: 24 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 003	481-67.2 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the policy and procedure	A 003	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 003	Continued From page 1 regarding the completion of incident reports for 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Review of Tenant #1's file on 3-26-19 revealed Progress Notes indicating the following: a. On 3-2-19 it was noted staff reported Tenant #1 was "very rude" in the dining room and called another tenant a "big load." When staff told Tenant #1 not to say things of that nature she tried to hit staff. b. On 3-18-19 it was noted Tenant #1 had her pajamas on but would not pull up her brief or pajama bottoms while lying in bed. Staff encouraged her to pull up pants to prevent urinating in the bed. Tenant #1 became very upset, used profanity and slapped at staff. c. On 3-19-19 (late entry for 3-18-19) it was noted staff heard Tenant #1 yelling an another tenant in the lobby. Tenant #1 yelled "its all your fault, you started it and I am finishing it." The other tenant reported she just walked through the lobby and Tenant #1 began to yell at her. Tenant #1 had called this other tenant a name before in the dining room. Tenant #1 did not want to sit by the other tenant because that other tenant "beats her" according to the Progress Note. Incident reports were not found for the events noted above for Tenant #1. 2. Review of Tenant #2's file on 3-26-19 revealed a Progress Note dated 1-10-19 indicating the previous day Tenant #2 wanted staff to push her on the seated walker. Staff explained it was a safety issue and they could not do it. Tenant #2 became upset with staff, yelled at them and tried to slap them.	A 003		

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A 003	Continued From page 2 An incident report was not found for the event noted above for Tenant #2. 3. Review of Tenant #3's file on 3-27-19 revealed Progress Notes indicating the following: a. On 3-18-19 it was noted staff went to Tenant #3's apartment to give her medication and found her sitting on the toilet. Tenant #3's spouse reported she had been sitting on the toilet for an hour; however, Tenant #3 denied it It took two staff to assist Tenant #3 off of the toilet due to her leaning to the right side and not being able to use her right leg very well. The tenant continued to lean in her chair and was not "making sense." Tenant #3's grunting noises were now a " loud whiny noise." Her family was called and it was suggested she be seen in the emergency room (ER) due to the status change. When family arrived to take Tenant #3 to the ER the tenant had improved and she was not taken to the hospital. b. On 3-19-19 it was noted Tenant #3 was asleep in her chair and staff was unable to arouse her. Vital signs were obtained. Heavy abnormal breathing was noted and Tenant #3 was drooling from the mouth. An ambulance was called and it took five people to transfer Tenant #3 to the gurney. Tenant #3 was taken to the hospital. Incident reports were not found for these occurrences. 4. Review of the Program's policy and procedure for incident reports indicated staff would notify the nurse/manager if a tenant had fallen, any unusual tenant behaviors or any unusual event occurred. An incident report form would be completed by the nurse or manager for	A 003		

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A 003	Continued From page 3 documentation purposes. The manager or nurse would indicate a person in charge on the schedule to fill out the incident report in their absence. Witnesses of the incident would also provide a statement on the incident form. 5. An interview was completed on 3-27-19 at 1:11 p.m. with the Manager, Licensed Practical Nurse and Clinical Quality Manager in attendance. It was confirmed no incident reports for the above could be located.	A 003		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete background checks prior to employment for 1 of 7 staff reviewed (Staff B). Findings follow: Record review on 3-26-19 of Staff B's file revealed a hire date of 3-21-19. A background check was completed on 3-21-19 which revealed no results were found. However, a Time Card	A 118		

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A 118	Continued From page 4 Report document indicated Staff B worked on 3-20-19 from 8:30 a.m. to 12:30 p.m. and from 1:00 p.m. to 4:30 p.m. Staff B worked prior to the completion of the background check on 3-21-19. When interviewed on 3-26-19 at 3:25 p.m. and 4:09 p.m. the Clinical Quality Manager revealed Staff B watched videos (training) all day on 3-21-19 and did not have any tenant contact.	A 118		
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 record review the Program failed to maintain documentation and completion of physician ordered treatments for 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Review of Tenant #1's file on 3-26-19 revealed a Tenant Healthcare Coordination document dated 2-12-19 indicating Tenant #1's weight was down 5.2 pounds since 1-8-19. Tenant #1's appetite was fair and she refused breakfast most days. The primary care provider (PCP)	A 071		

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A 071	Continued From page 5 documented breakfast could be supplemented with a high protein drink daily. The PCP signed and dated the form on 2-13-19. A Medication Chart document signed by the PCP on 2-22-19 reflected an order for Ensure Protein drinks to be given after breakfast. The tenant's March 2019 medication administration record (MAR) did not reflect the Ensure Protein drink daily as ordered or the completion of the treatment. 2. Review of Tenant #2's file on 3-26-19 revealed a diagnosis of pressure ulcer of the buttock. The service plan reflected Tenant #2 had a poor/fair appetite. Staff was to encourage food consumption. A half bottle of Ensure was offered twice daily as a protein supplement to promote ulcer healing. Tenant #2 had a pressure ulcer to the left buttock and had a wound vac. A Progress Note dated 2-25-19 indicated the home health agency nurse reported the pressure wound was 2 to 2 1/2 inches deep and 2 x 2 inches in diameter. A Medication Chart document signed by the PCP on 2-27-19 reflected an order for 1/2 bottle of Ensure be given twice daily (after breakfast and at bedtime). The tenant's March 2019 MAR did not reflect the order for Ensure or the completion of the treatment. 3. An interview completed on 3-27-19 at 1:11 p.m. with the Manager, Licensed Practical Nurse and Clinical Quality Manager confirmed this	A 071		

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A 071	Continued From page 6 finding. It was reported Tenant #2's pressure was a stage four wound.	A 071		
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 service plans that reflected the identified needs of 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Review of Tenant #1's file on 3-26-19 revealed Progress Notes indicating the following: a. On 1-17-19 it was noted Tenant #1 had packed her bags. She said she found a nursing home in another town and was moving. Staff helped unpack her bag and hang up her clothes. b. On 1-19-19 it was noted Tenant #1 had been more confused and thought the lobby was flooded, reported people were in her apartment and under the bed (a man and a baby). Tenant #1 talked to the blanket on the wall and thought the pictures on the blanket were real. c. On 1-21-19 it was noted Tenant #1 continued to be confused and staff reported she was in her apartment talking to her mother and to small children. Staff reported on 1-20-19 she was found in the apartment next door sleeping on the	A 089		

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A 089	Continued From page 7 other tenant's bed. The physician was to be contacted for a urinalysis order. d. On 1-24-19 it was noted resolving bruises were noted during bathing and Tenant #1 reported "the man did it." She asked staff if they had seen the man and staff reported they had not. Tenant #1 stated "he's right out there." It was noted Tenant #1 had a current urinary tract infection. e. On 1-28-19 it was noted Tenant #1 continued to be confused and hallucinating. f. On 1-29-19 it was noted Tenant #1 was found asleep in the hallway that morning and had a blanket and magnifying glass. She reported she did not want to go back to her apartment with "all that activity in there." g. On 3-2-19 it was noted staff reported Tenant #1 was "very rude" in the dining room and called another tenant a "big load." When staff told Tenant #1 not to say things of that nature she tried to hit staff. h. On 3-6-19 it was noted Tenant #1 had a door alarm placed due to a Global Deterioration Scale score. i. On 3-12-19 it was noted staff reported Tenant #1 was verbally rude to other tenants. Tenant #1 had a called another a name. j. On 3-18-19 it was noted Tenant #1 had her pajamas on but would not pull up her brief or pajama bottoms while lying in bed. Staff encouraged her to pull up her pants to prevent urinating in the bed. She became very upset, used profanity and slapped at staff. k. On 3-19-19 (late entry for 3-18-19) it was noted staff heard Tenant #1 yelling an another tenant in the lobby. Tenant #1 yelled "its all your fault, you started it and I am finishing it." The other tenant reported she just walked through the lobby and Tenant #1 began to yell at her. Tenant	A 089		

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A 089	Continued From page 8 #1 had called this other tenant a name before in the dining room. Tenant #1 did not want to sit by the other tenant because that other tenant "beats her" according to the Progress Note. Tenant #1 was identified as someone who wandered throughout the Program on the Monitoring Entrance Form. The tenant's service plan dated 2-18-19 did not reflect Tenant #1's behaviors or interventions for the behaviors including hallucinations, wandering and behaviors towards staff and other tenants. The service plan also did not reflect the placement of the alarm on Tenant #1's apartment door. 2. Review of of Tenant #2's file on -3-26-19 revealed a diagnosis of pressure ulcer of the buttock. Progress Notes indicated the following: a. On 1-4-19 it was noted a new order was received for an outside home health agency (HHA) to evaluate and treat Tenant #2's wound. b. On 1-28-19 it was noted Tenant #2 had a four pound weight gain in recent weeks, increased wheezing at times and increased edema in the lower extremities. A new order was received to increase Bumex to twice daily. c. On 1-30-19 it was noted the HHA nurse changed the dressing on the buttock and was going to inquire about getting Tenant #1 into a wound clinic (Friday) to get the sore cleaned out as it needed debridement. d. On 2-1-19 it was noted Tenant #2 went to the wound clinic and orders were received for the HHA to change the dressing Monday and Wednesday. A new order was received for Bactrim DS twice daily for seven days. e. On 2-7-19 it was noted the provider was	A 089		

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A 089	Continued From page 9 made aware Tenant #2 had 2-3+ edema in the lower extremities. Bronchial crackles were noted. f. On 2-8-19 it was noted new orders were received for Doxycycline 100 milligram (mg) twice daily for 10 days (wound care treatment). g. On 2-25-19 it was noted Tenant #2 left for surgery (surgical debridement) on the pressure ulcer on the coccyx and returned to the program on 2-25-19. h. On 2-25-19 it was noted when Tenant #2 got up from her bed, the dressing had bled through clothes onto the bed. The HHA nurse came in and re-dressed the area to the coccyx. The HHA nurse reported the pressure wound was 2 to 2 1/2 inches deep and 2 x 2 inches in diameter. i. On 3-8-19 it was noted Tenant #2 went to the wound clinic and returned with a wound vac. The HHA nurse came in and gave staff/nurse instructions of use. It was also noted new orders were received to increase Bumex, weigh the tenant daily for two weeks, notify the physician if Tenant #2's weight was greater than three pounds in one day or in a week. j. On 3-19-19 it was noted new orders were received for wound culture the next day with a dressing change (HHA would complete). An order was received for Doxycycline 100 mg twice daily for 10 days after the wound culture was completed. k. On 3-21-19 it was noted daily weights were changed to monthly weights and as needed. Continued record review revealed Visit Discharge Instructions Details from the wound care clinic dated 3-8-19 indicated wound vac therapy, dressing changes two to three times weekly, and wound vac changes two times weekly by HHA. A third change would be done Fridays at the wound	A 089		

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A 089	Continued From page 10 care clinic. Other orders included positioning changes, limits on bed elevations, and instructions regarding the wound vac during bathing. Visit Discharge Instructions Details from the wound care clinic dated 3-15-19 indicated wound vac therapy, dressing changes two or three times weekly, and foam was to be packed in undermining areas. Tenant #2's March 2019 medication administration record reflected Ipratropium/Albuterol 0.5 mg/3 mg/3 milliliters twice daily after breakfast and at bedtime and also every four hours as needed for shortness of breath (SOB)/wheezing. It also reflected staff applied a Fentanyl patch 75 microgram/hour every 72 hours at bedtime. An interview was completed on 3-27-19 at 1:11 p.m. with the Manager, Licensed Practical Nurse and Clinical Quality Manager revealed Tenant #2's wound was a stage four wound and the staff did not do anything regarding the wound. The tenant's service plan dated 3-12-19 reflected the pressure area to the left buttock, the wound vac and a HHA cared for the area and the vac. Staff was to notify the HHA if any beeping from the machine was noted. Staff encouraged food consumption and a 1/2 bottle of Ensure was offered twice daily as a protein supplement to promote ulcer healing. Staff assisted with bathing and she preferred showers twice per week. The service plan did not reflect the frequency of obtaining weights, edema, nebulizer treatments or application of the Fentanyl patch. The service plan also did not identify the instructions for bathing with the wound vac and instructions for positioning and sleep as indicated	A 089		

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A 089	Continued From page 11 on the wound care clinic discharge instructions. The service plan did not reflect information regarding the pressure ulcer in terms of the size, stage and condition of Tenant #2's skin in the affected area or that Tenant #2 was seen at a wound care clinic weekly. 3. Review of Tenant #3's file on 3-27-19 file revealed Progress Notes indicating the following: a. On 1-14-19 it was noted staff reported on Saturday morning Tenant #3 was found in her bathroom with the assistance of her spouse on a few occasions. On Sunday morning staff reported Tenant #3's spouse transferred her to the bathroom on several occasions. Staff reported Tenant #3's spouse assisted her to the bathroom during the night. b. On 1-15-19 it was noted Tenant #3 continued to ask her spouse to take her to the toilet. All staff had reminded to use her pendant for safety of both tenants. c. On 1-23-19 it was noted staff reported Tenant #3's spouse continued to transfer Tenant #3 to and from the bathroom and to bed at night. d. On 3-5-19 it was noted the provider was notified of Tenant #3's "nervous" habits. Tenant #3 had been deep breathing when interacting with staff. Tenant #3 denied anything was wrong and said it was a nervous habit. It had worsened with ambulation and she made loud "grunting" noises when she walked and ate in the dining room. Tenant #3 made herself cough in the dining room and last evening vomited at the table with coughing. e. On 3-14-19 it was noted Tenant #3 continued with the "grunting/moaning" noises. When Tenant #3 tried to get up and walk around the apartment she "constantly grunts and moans." The noises were getting louder and worse.	A 089		

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A 089	Continued From page 12 Tenant #3 could be very loud with noises when ambulating and in the dining room. Other tenants had voiced complaints of the noise while eating or participating in an activity. It was also noted Tenant #3 had an involuntary tongue movement. f. On 3-18-19 it was noted Tenant #3's spouse was out of the building and she was agitated and upset her spouse was gone. Staff reported Tenant #3 yelled and made "grunting" noises very loudly. Tenant #3 was taken to the dining room after her spouse returned and she was "worked up, grunting very loudly in halls and in dining room." g. On 3-25-19 it was noted a new order was received for Duoneb four times per day as needed for cough, congestion and SOB. Tenant #3's service plans (dated 2-20-19 and 3-23-19) did not reflect the new order for the Duoneb four times daily as needed or the tenant's behaviors. The service plan reflected Tenant #3's non-compliance with the use of her pendant to call for assistance; however, the service plan did not reflect Tenant #3's spouse provided cares to the tenant at times when non-compliance with the pendant.	A 089		

4/12/19

Manning Senior Living
203 11th Street
Manning, Iowa 51455

Date: 04/08/2019
Investigation Intake #: S0356
Plan of Correction (POC) Submitted For:
- Investigation Date: 03/26/2019 and 03/27/2019

POC:

A. **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.**

a. This requirement is not met as evidenced by: Based on interview and record review the Program failed to follow the policy and procedure regarding the completion of incident reports for 3 of the 3 tenants reviewed (Tenants #1, #2 and #3)

i. Program POC:

a. Incident Reports have been completed for Tenant #1 for Verbal and Physical aggression, for Tenant #2 for Verbal/Physical Aggression, and for Tenant #3's Unusual Behavior and Unresponsive Episode.
b. All staff training regarding Incident Reporting Policy and Procedure and Staff to Nurse Communication forms.
c. Manager and Health Care Coordinator or designee will review all incident reports and Staff to nurse communication forms going forward to ensure compliance.
d. Staff in-service training will be completed on 4/18/2019

POC:

B. **Record Checks. 481-67.19(3) Criminal, dependent adult abuse, and child abuse record checks. Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.**

a. This requirement is not met as evidenced by: Based on interview and record review the Program failed to complete background checks prior to employment for 1 of 7 staff review (Staff B).

PD 4/17/19

i. Program POC:
   a. Manager will complete background checks prior to hiring all employees.
   b. Hiring Manager to complete all future background checks prior to any new employment of an individual
   c. Random Audits of new hire files will be completed by the manager and /or designee monthly for 3 months and then quarterly for 3 quarters.
   d. Compliance Date for background checks is 4/16/2019.

POC:

C. **Tenant Documents. 481-69.25(231C). Documentation for each tenant shall be maintained by the Program and shall include: 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.**
   a. This requirement is not met as evidenced by: Based on interview and review the Program failed to maintain documentation and completion of physician ordered treatments for 2 of 3 tenants reviewed (Tenants #1 and #2).

i. Program POC:
   a. Program implemented EMAR for medication administration on April 1st of 2019, all medication and supplement order were entered into the EMAR system.
   b. Training was provided to Amy Halbur, LPN for EMAR system and training provided by Natasha Kanealy, Health Care Coordinator regarding entering orders and proper documentation related to Tenant Documents.
   c. RN or designee will monitor medication orders/supplement orders monthly or as needed as determined by the RN to ensure compliance.
   d. Correction Date for Tenant Documents is 4/1/2019.

POC:

D. **Service Plans. 481-69-26(4). The service plan shall be individualized and shall indicate, at a minimum: The tenants identified needs and preferences for assistance.**
   a. This requirement is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of 3 of 3 tenants reviewed (Tenants #1, #2 and #3).

i. Program POC:
   a. Service plans for Tenant #1 was updated to reflect behaviors and interventions for behaviors, hallucinations, wandering and wide gap alarm placement. The Service plan for Tenant #2 was updated to reflect the pressure ulcer's status and that resident was utilizing the Wound Clinic.

Tenant #2 Service plan was updated with current DuoNeb order, behaviors, that resident's spouse provides cares, edema, Fentanyl Patches, weights. Instruction added to ISP for staff regarding bathing with the wound vac and positioning with the wound vac. Tenant #3 Service plan was updated regarding behaviors, grunting sounds, that she is non-compliant with call pendant and husband assist with cares as needed.

b. Program implemented EMAR for medication administration on April 1st of 2019, all medication and supplement order were entered into the EMAR system.
c. Training was provided to Amy Halbur, LPN, system and training provided by Natasha Kanealy, Health Care Coordinator regarding entering orders and proper documentation related to Tenant Documents. Manager, RN/LPN, or designee will review new medication orders for tenants daily, weekly, monthly or as needed as determined by the RN to ensure compliance.
d. Correction Date for Service plans is 4/17/2019.