5/3/19 OK 5/21/19

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
	S0313	A. BUILDING: _____ B. WING _____	C 04/23/2019

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 Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 7 TOTAL Census of Assisted Living Program for People with Dementia : 8 The folowing regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with the licensing rules for an Assisted Living Program for Persons with Dementia (ALP/D) and investigation of 82570-C, 82394-C, 82372-C, and 82374-C	A 000	See attached POC 5/16/19	
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide adequate care and treatment to 1 of 3 discharged tenants (Tenant C-1) and 4 of 5 sample tenants (Tenant #2, #3, #4, and #5) reviewed during the course of the recertification visit and investigation of 82570-C, 82372-C, 82374-C, 82394-C.	A 013		

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A 013	Continued From page 1 Findings follow: 1. Record review from 4/15-22/19 for Tenant C-1 revealed she was admitted to the facility on 2/4/19 and discharged on 3/11/2019. According to nursing notes, Tenant #1 refused meals and fluids on 3/7/19. A physician's order was received to get a urinary analysis (UA) for Tenant #1. Tenant C-1's family decided to send Tenant C-1 to the emergency room (ER) the same day. 911 was called and Tenant C-1 was transported to the ER at 6:05 PM. Staff Communication Report, dated 3/4/19, noted Tenant C-1 refused to eat during the 6:00 AM - 6:00 PM shift and only drank a little water with medication. The Resident Care Coordinator (RCC) noted she sent a fax to the doctor to check a UA on 3/5/19. Staff Communication Report, dated 3/6/19, noted Tenant C-1 "is refusing to eat ANYTHING - only drinks a little with her medications." The RCC noted an order was received to check UA. Record review revealed Clinical Notes Report documented the following: a. On 3/6/19 at 10:49 a.m. RCC noted a new order received to check UA and noted Tenant C-1 had been refusing meals and not wanting to drink fluids. b. On 3/7/19 at 5:16 p.m. RN noted Tenant C-1's family notified them they decided to have the tenant sent to the ER to have her assessed for not eating and drinking well. The RN also noted staff were unable to obtain a UA. Tenant #1's pre-admission service plan, dated 1/31/19, indicated Tenant C-1 used the toilet	A 013		

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A 013	Continued From page 2	A 013		

independently. Tenant C-1 received a shower weekly and use a shower chair.

Review of Tenant C-1's medical records from the Clarke County Hospital (CCH) revealed a nursing assessment completed on 3/7/19. Tenant C-1 was noted to have "bright red excoriation to buttocks and pink excoriation to abdominal and groin folds. Pt (patient) also has abrasion on left temple that is scabbed over." Additional review of hospital records revealed an order for Bacitracin ointment to be applied to abrasions, as well as insertion of an indwelling catheter due to acute urinary retention and peri/buttock wound.
An Emergency Department Triage note dated 3/7/2019 at 6:00 PM documented, "pt here at request of husband as pt has not ate/drank last 4 days (per staff at Homestead)." A Care Coordinator from the hospital noted she talked with the RCC and was told, "the last 3-4 days prior to CCH admission patient was refusing to eat, drink, and get out of bed." Tenant C-1 was released from the hospital on 3/11/19 with a final diagnoses of acute kidney failure, unspecified and dehydration.

During an interview with the RCC on 4/16/19 at 10:40 AM, she reported Tenant C-1 didn't like to eat or drink much at the facility, but had no knowledge Tenant C-1 had not eaten for three days. She believed Tenant C-1's husband brought in food for her to snack on. The RCC reported there was no documentation Tenant C-1 had fallen when at the program resulting an injury to her face. The RCC also reported staff were not aware of an injury to Tenant C-1's buttocks. The RCC said staff were unable to get a urine sample from Tenant C-1.

Information from the hospital records was shared

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A 013	Continued From page 3	A 013		

with the Executive Director, Registered Nurse (RN), RCC and Staff A on 4/23/19 from 10:15 - 10:45 AM. Staff A reported she would shower Tenant C-1 each morning due to Tenant C-1's incontinence, and had done so on 3/7/19. Staff A stated she did not see any irritation to Tenant C-1's buttocks or groin or an injury on her face. The RCC believed staff would have reported these injuries to her if they occurred at the program. Pictures of Tenant C-1's face and groin had been sent to the surveyor and the RN confirmed the pictures were consistent with the injuries described in the hospital report. The Executive Director, RN, RCC, and Staff A confirmed Tenant C-1 was not treated for skin irritation at the program.

2. Observations on 4/17/19 from 8:58 AM to 12:40 PM revealed staff did not assist Tenant #2 to the bathroom or ask if she needed to use the restroom.

Record review revealed Tenant #2's service plan dated 1/17/19. Tenant #2's service plan identified staff would assist the tenant to the bathroom every two hours from 6:00 AM to 12:00 AM.

3. Observations on 4/17/19 from 8:58 AM to 12:40 PM revealed Tenant #3 was only assisted to the toilet at 11:40 AM

Record review revealed Tenant #3's service plan dated 5/24/18 identified staff would "assist her to the toilet every two hours and ensure her pull up is clean and dry."

4. Observations on 4/17/19 from 8:58 AM to

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A 013	Continued From page 4 12:40 PM revealed Tenant #4 was not cued to use the bathroom. Record review revealed Tenant #4's service plan dated 4/1/19 documented staff would "offer reminders and cues every two hours (between 8am and 10 pm) for Tenant #4 to go to the bathroom. 5. Observations on 4/17/19 from 8:58 AM to 12:40 PM revealed Tenant #5 not prompted to use the restroom. Record review revealed Tenant #5's service plan dated 6/13/18 identified staff would help tenant to the toilet every two hours from the hours of 8:00 AM to 10:00 PM. During an interview with the Executive Director on 4/18/19 at 9:10 AM she reported Tenant #5 had not been receiving staff assistance with toileting every two hours because it had not been added as a task to the Medication Administration Record. She confirmed tenants with a service plan documenting they should receive a two hour assist with toileting should be taken to the bathroom or asked to use the bathroom every two hours.	A 013		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.	A 055		

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A 055	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to have a sufficient number of staff available at all times to fully meet 1 of 3 discharged tenants' needs (Tenant C-2). Findings follow: Record review for Tenant C-2 on 4/17/19 revealed he required assistance to get to a standing position from the ground. On 12/24/18, a nursing note documented Staff C called the nurse to explain Tenant C-2 was witnessed to position himself on the floor from his recliner and was going to call the Emergency Medical Services (EMS) for list assist. During an interview on 4/23/19 at 11:10 AM, Staff B reported she called EMS once to assist her in getting Tenant C-2 off of the ground. Staff B stated she and a co-worker lowered Tenant C-2 to the ground in his bathroom after he became combative as they assisted him with toileting. She said they needed more help than just the two staff to get him off the ground due to his size and his aggression. When interviewed on 4/23/19 at 11:30 AM Staff C reported she called EMS twice for assistance in getting Tenant C-2 off of the ground. Staff C described Tenant C-2 as "big" and said there were times staff at the facility just couldn't get him up. When interviewed on 4/23/19 at 12:10 PM, Staff D reported Tenant C-2 needed assistance getting off the floor by EMS 1-2 times due to his size and his noncompliance.	A 055		

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A 055	Continued From page 6 An interview was conducted a family member of Tenant C-2 on 4/17/19 at 2:42 PM. She reported by the end of Tenant C-2's stay at the program he was a two-person lift and could not get up from the ground. She said the paramedics were called a couple of times to get Tenant C-2 up from the ground after he slid off of his chair. She stated the last 24-28 hours of Tenant C-2's stay at the program he was on the floor the whole time because staff couldn't get him off the ground. On 4/22/19 at 11:15 AM, the Executive Director confirmed Tenant C-2 required emergency assistance to get up from the ground prior to discharge from the facility on 1/3/19.	A 055		
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 observation, interview and record review, the program failed to ensure 1 of 5 tenants' service plans addressed tenants' needs and preferences for assistance (Tenants #1, #2, #3, #4 and #5) . Findings follow: 1. Record review revealed Tenant #1's service plan, dated 3/29/19, noted no behavioral	A 089		

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A 089	Continued From page 7 concerns. Continued record review revealed the following: a. Staff Communication Report dated 4/7/19 noted Tenant #1 came out of his room at 8:02 AM on 4/7/19 without any pants on. b. Staff Communication Report dated 4/8/19 noted Tenant #1 became very agitated and came after staff at 1:00 AM. Tenant #1 again approached staff at 4:23 AM and was "cussing." c. Staff Communication Report dated 4/8/19 identified Tenant #1 grabbed Staff C by the hair and ear and started slamming her into the door jam. d. Nursing note dated 4/10/19 identified Tenant #1 had an "episode of increased agitation/violence on 4/8/19." Tenant #1 approached staff and pulled staff's hair, pushed staff and hit staff with his fist. When interviewed on 4/16/19 at 10:40 AM, the Resident Care Coordinator (RCC) reported Tenant #1 had "got ahold of an overnnight girl" and then pushed her and pulled her hair. When interviewed on 4/16/19 at 8:55 AM Staff A reported Tenant #1 had verbal outbursts towards other tenants and staff members. When interviewed Staff B identified Tenant #1 as a tenant who required redirection related to his behaviors and also as someone who had punched a staff person last week. When interviewed on 4/23/19 at 10:30 AM, the Registered Nurse confirmed Tenant #1 displayed occasional verbal aggression and that this should	A 089		

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A 089	Continued From page 8 have been documented on his service plan.	A 089		

V 5/21/19

Homestead of Osceola

Plan of Correction

Annual Survey Results and Citations (4/15/19-4/23/19)

05/14/2019

A013- 481-67.3 Tenants Rights. All tenants have the following rights:

67.3(2) To receive care, treatment and appropriate services which are adequate and appropriate.

Resident C-1 no longer resides at the facility.

Resident two (2), resident three (3), resident four (4), and resident five (5) were assessed for any skin integrity impairments on numerous dates and documented as follows:

Resident 2 (2) skin assessments were completed on 5/10/2019 and 5/13/2019. No skin integrity concerns were noted.

Resident three (3) skin assessments were completed on 5/9/2019 and 5/13/2019. No skin integrity concerns were noted.

Resident four (4) skin assessments were completed on 4/26/2019, 5/9/2019, 5/10/2019, and 5/13/2014. No skin integrity concerns were noted.

Resident five (5) skin assessments were completed on 5/9/2019 and 5/13/2019. No skin integrity concerns were noted.

All other residents residing in the Memory Care also had skin assessments completed on 5/13/2019. No new pressure injuries, areas of maceration, or open areas were noted.

On 4/25/2019, facility staff were educated on Wound Prevention and Guidelines, Skin Documentation, Repositioning, and Wound Prevention and Treatment. Staff were educated further on Pressure Ulcers and were administered a quiz following education.

On 4/29/2019, the facility initiated a hydration station and scheduled hydration program for all memory care residents.

On 4/29/2019, the facility initiated a toileting schedule form for all residents on a toileting program.

On 4/29/2019, the facility initiated a skin monitoring program. The Resident Care Coordinator (RCC) or designee will assess skin weekly for any skin integrity concerns and will complete monthly skin assessments on all Memory Care residents.

On 5/16/2019, staff were educated on a newly initiated Skin Report form that will be completed with toileting at least daily on residents who are on a toileting program and/or with each scheduled bath or shower.

On 5/16/2019, staff were educated on a Meal Monitoring form that will be completed each time a resident refuses a meal.

On 5/16/2019, facility staff were educated by the facility RCC on the Signs and Symptoms of Dehydration.

The facility Executive Director (ED) and Resident Care Coordinator (RCC) will monitor compliance daily during the normal work week of Monday-Friday.

Additional forms will be monitored daily for compliance during the normal work week of Monday-Friday. Weekend forms will be monitored the following work day.

The ED and RCC will assess for staff compliance and will provide additional education and/or disciplinary action for non-compliance.

All audit and monitoring findings will be reported in the facility Quality Assurance meetings monthly.

A055- 481-67.9 Staffing

67.9 (1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.

Resident C-2 no longer resides at the facility.

On 5/16/2019, facility staff were educated to alert the facility ED and RCC verbally or via the Staff Communication Form anytime a resident requires staff assistance of two (2) or more to achieve their Activities of Daily Living (ADLs) or if they require Lift Assistance from EMS.

If Lift Assistance is required more than three (3) times in a quarter the facility ED and RCC will review the clinical record for possible interventions including but not limited to therapy service, adaptive equipment, and/or possible transfer to a higher level of care facility.

The facility Executive Director (ED) and Resident Care Coordinator (RCC) will monitor compliance daily during the normal work week of Monday-Friday.

Communication forms will be monitored daily for compliance during the normal work week of Monday-Friday. Weekend forms will be monitored the following work day.

The ED and RCC will assess for staff compliance and will provide additional education and/or disciplinary action for non-compliance.

All audit and monitoring findings will be reported in the facility Quality Assurance meetings monthly.

A089-481-69.26 (4)a Service Plans

69.26 (4) The service plan shall be individualized and shall include at a minimum:

(a) The tenant's identified needs and preferences for assistance

Resident one (1) was assessed by the facility nursing staff on 4/23/2019. A significant change assessment was initiated and completed along with all supporting assessments and a service plan update.

On 4/25/2019, facility staff were educated on communication of changes of condition, aggression, increased agitation, etc. Staff were educated to alert the facility ED and RCC verbally or via the Staff Communication Form.

On 4/29/2019, the facility nursing team were educated on State Regulatory Rules and Changes of Condition that would require additional monitoring, new service plan entries, and/or additional interventions.

The facility Executive Director (ED) and Resident Care Coordinator (RCC) will monitor compliance daily during the normal work week of Monday-Friday.

Communication forms will be monitored daily for compliance during the normal work week of Monday-Friday. Weekend forms will be monitored the following work day.

The facility RCC and/or designee will assess changes identified by verbal or written communication and determine what monitoring, service plan changes, or interventions are required and make necessary notifications for approval and/or seek medical directives.

The ED and RCC will assess for staff compliance and will provide additional education and/or disciplinary action for non-compliance.

All audit and monitoring findings will be reported in the facility Quality Assurance meetings monthly.