✓ 6/26/19 OK 6/24/19

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
	S0038	A. BUILDING: _____ B. WING _____	C 04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY SPIRIT	1701 W 25TH ST SIOUX CITY, IA 51103

(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: 10 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 10 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 18 TOTAL census of Assisted Living Program: 28 The following regulatory insufficiencies were cited during the Investigation of Complaint #81972-C.	A 000	See Attached POC 6/1/19	
A 008	481-67.2(1)e 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. 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises	A 008		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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
	S0038	A. BUILDING: _____ B. WING _____	C 04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY SPIRIT	1701 W 25TH ST SIOUX CITY, IA 51103

(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 008	Continued From page 1 that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program's policy and procedures for incident reports failed to indicate all accidents or unusual occurrence within the Programs's building that affected tenants shall be reported as incidents. This pertained to 1 of 2 tenants reviewed (Tenant #1). Finding follows: When interviewed on 4/04/19 at 9:00 a.m. Staff B/RNBSN revealed the fire alarm had been pulled by Tenant #1 on 2/12/19 and the fire department responded. There was no fire. Staff B also confirmed there had also been a picture of Tenant #2 on the floor following a fall when a chair they attempted to sit in tipped back. The date and time of the incident remained unknown. Staff B confirmed Incident reports had not been completed for Tenant #1's pulling of the fire alarm and/or following Tenant #2's fall to the floor. Record review on 4/04/19 at 12:05 p.m. revealed the Program's accident and emergency response procedures indicated incident reports should be completed for all incident/accidents resulting in a physical injury. On 4/04/19 at 12:05 p.m. Staff B confirmed the policy did not include mention of all accidents or unusual occurrences within the Program's building that affected tenants.	A 008		
A 012	481-67.3(1) Tenant Rights	A 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0038	A. BUILDING: _____ B. WING _____	C 04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY SPIRIT	1701 W 25TH ST SIOUX CITY, IA 51103

(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 012	Continued From page 2 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure all staff treated tenants with consideration and respect. Staff failed to follow the Program's policy on the confidentiality of tenant information concerning viewing digital information with co-workers. This affected 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: On 4/04/19 at 9:00 a.m. interview with Staff B/RNBSN revealed the fire alarm was pulled by Tenant #1 on 2/12/19 and the fire department responded. Staff B confirmed Staff C took a short video of Tenant #1 following the pulling of the alarm. Staff B further confirmed there had also been a picture of Tenant #2 on the floor following a fall when a chair they were attempting to sit in had tipped back. The date and time of this incident remained unknown. Staff B confirmed the photo of Tenant #2 and the video of Tenant #1 had been shared with co-workers and it would be viewed as a breech of confidentiality concerning confidential tenant information. Record review on 4/04/19 at 8:31 a.m. revealed the Program's policy on the Confidentiality of Tenant Information. According to the policy, staff understood that retrieving/viewing/printing information (computerized or paper) on other residents such as friends, relatives, neighbors,	A 012		

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
	S0038	A. BUILDING: _____ B. WING _____	C 04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY SPIRIT	1701 W 25TH ST SIOUX CITY, IA 51103

(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 012	Continued From page 3 celebrities, co-workers or myself was a breach of confidentiality. When interviewed on 4/04/19 at 8:26 a.m. Staff A/LBSW revealed Staff C took a video of Tenant #1 after Tenant #1 pulled the fire alarm. Staff A also reported knowledge of Staff C taking a picture of Tenant #2 on the floor after falling. Staff A confirmed Staff C shared the photo of Tenant #2 and video of Tenant #1 with co-workers.	A 012		

OK
6/24/19

6/26/19

HOLY SPIRIT
RETIREMENT HOME

5-17-19

Catie Campbell, Program Coordinator
Adult Services Bureau
515-281-3759
Catie.compbell@dia.iowa.gov

Dear Ms. Campbell,

Enclosed is Holy Spirit Assisted Living's Plan of Correction response from our recent Complaint Investigation #81972-C on 4/3/19 – 4/9/19.

Regulatory Insufficiency: 481-67.2(1)e 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. 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.

Program's policy and procedures for incident reports failed to indicate all accidents or unusual occurrence within the Program's building that affected tenants shall be reported as incidents.

Plan of Correction: The incident report Policy and Procedure has been updated to include "all accidents or unusual occurrence within Program building that affected tenants shall be reported as incidents" in accordance with requirements. All employees of the Program have been educated on the new Incident Report Policy and Procedure. All new employees will be educated on the Incident Report Policy and Procedure during orientation. RN or Designee will conduct weekly audits for four weeks of incidents to assure incident report completed per policy. This insufficiency will be corrected effective 5-17-19.

Regulatory Insufficiency: 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy.

Program failed to ensure all staff treated tenants with consideration and respect. Staff failed to follow the Program's policy on the confidentiality of tenant information concerning viewing digital information with co-workers.

Plan of Correction: HIPPA/Confidentiality Agreement, Cell Phone Policy, and Social Media Policy were reviewed with all employees of Assisted Living after incident occurred. This was completed on 4-16-19. All employees were reeducated on the Mandatory Adult Abuse Reporter Policy during the complaint investigation and this was completed on 4-10-19. All Assisted Living employees will be required to take the Relias Learning Course: "Protecting Residents Rights in Assisted Living", which includes competency testing. This course will be assigned annually. All new employees are educated on HIPPA/Confidentiality Agreement, Cell Phone Policy, Social Media Policy, and the Mandatory Adult Abuse Reporter Policy during the initial Orientation. All employees are also required to do the Mandatory Adult Abuse 2-hour course every 5 years. This insufficiency will be corrected effective 6-1-19.

If any clarification is needed on any aspect of our Plan of Correction, or if you need any additional information, please feel free to call Debbie Logan LBSW or Teresa Lagge RN BSN at (712) 252-2726.

I would also like to take this opportunity to inform you that I will be leaving my position as AL Coordinator on 5-28-19. Teresa Lagge RN BSN AL Coordinator will be your contact person after 5-28-19.

Respectfully,

Debbie Logan LBSW
Assisted Living Coordinator