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✓ 6/26/19 OK 6/24/19

PRINTED: 05/13/2019
FORM APPROVED

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
	S0091	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBBLE CREEK ASSISTED LIVING	2116 1ST AVE E SPENCER, IA 51301

(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: 9 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 9 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	POC 7/1/19	
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure training on all nurse delegated tasks within 30 days of hire, including training on the supervision of self-administration of insulin. This pertained to 4 of 4 direct care staff reviewed (Staff A, B, C and D). Findings	A 059	- no staff has been hired since visit. - See training sheet that was in mail on flex-pen insulin @ state visit 4-10-19 - Policy & Proceedure for Supervision for Self administration of insulin will be written & implimted by 6-21-19 by RN w/ staff - staff to watch videos on how to use insulin Pen + how to administer insulin 6-21-19	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

Aimee Mueller — 6-20-19

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A 059	Continued From page 1 follow: When interviewed on 4-10-19 at 9:25 a.m. Staff D reported staff assisted Tenant #1 with the blood glucose check and staff put the needle on the flex insulin pen, dialed it up and Tenant #1 injected the insulin. Record review on 4-10-19 revealed the following: a. Staff A's training documents revealed a hire date of 11-27-18. b. Staff B's training documents revealed a hire date of 11-7-18. c. Staff C's training documents revealed a hire date of 8-8-18. d. Staff D's training documents revealed a hire date of 5-24-17. Additional record review revealed nurse delegated training documented for Staff A, B, C, and D failed to include training on the supervision of self-administration of insulin. When interviewed on 4-10-19 at 10:10 a.m. the Nurse confirmed there was no additional nurse delegated training for the staff listed above.	A 059	- This will all be added to the training of nurse delegated tasks by → - MAR will now State Supervision of insulin + blood sugar checks - New RN checks the MARS monthly to ensure proper protocol - New Nurse is putting together a flow sheet for new tenants, new hires + She still needs to take the assisted living class which will help her immensely. This will be done	7-1-19 7-1-19 7-1-19 9-1-19
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	A 071		

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A 071	Continued From page 2 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 document nurses notes by exception. This pertained to 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 4-10-19 of Tenant #1's file revealed Cobble Creek Nurses Notes indicated Tenant #1 returned from the hospital on 3-8-19 after having his fourth and fifth toes amputated. Further review failed to provide documentation in nurses notes regarding when Tenant #1 left the Program or what precipitated him leaving and being hospitalized. 2. Record review on 4-10-10 of Tenant #2's file revealed Cobble Creek Nurses Notes indicated Tenant #2 returned from the hospital on 2-23-19. Further review failed to provide documentation in nurses notes regarding when Tenant #2 left the Program or what precipitated him leaving and being hospitalized. An interview was completed on 4-10-10 with the Nurse and Director. It was reported Tenant #1 was gone for eight weeks for a foot issue and Tenant #2 was in the hospital for less than two weeks for behavior. There were no additional nurses notes documented for the tenants noted above.	A 071	- The nurse is putting together a flow sheet to help her understand all the Rules + Reg. She will have all this updated within the next 60 days - The nursing notes will better reflect when tenant's go to the hospital + why + when they return. - The new Nurse has already started to update all the charts. - The nurse wants to be notified on behavioral problems with tenants at all times - The nurse needs to take the assisted living class to help her better understand the Rules + Regs	7 6-1-19 6-2019 6-2019 7 6-1-19

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A 086	Continued From page 3	A 086	- The Service plan will include blood glucose monitor + supervise of self administration of insulin or change of condition: - RN will review + update service plan to meet needs of tenants as informed by Staff + Doctors.	4-29-19
A 086	481-69.26(3)a Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans to reflect the identified needs of the tenants. This pertained to 2 of 2 tenant files reviewed (Tenants #1 and #2). Findings follow: 1. Record review of Tenant #1's file on 4-10-19 revealed a diagnosis of diabetes mellitus, type II insulin dependent. When interviewed on 4-10-19 at 9:25 a.m. Staff D reported staff assisted Tenant #1 with the blood glucose check, and also put the needle on the flex insulin pen, dialed it up and Tenant #1 injected the insulin. Continued record review revealed the March 2019 medication administration records reflected	A 086	- Developed form for Staff for RN review update, Service plan change of condition + hospitalizations - ~~Delivered~~ RN. will review any + all changes + will document as needed.	4-29-19

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A 086	Continued From page 4 staff initialed for blood glucose checks four times daily and assistance with insulin administration four times per day. The service plan reviewed on 3-11-19 failed to reflect staff assistance with blood glucose monitoring or supervision of self-administration of insulin. 2. Record review revealed Cobble Creek Nurses Notes indicated Tenant #1 returned from the hospital on 3-8-19 after having his fourth and fifth toes amputated. Hospital discharge orders dated 3-11-19 reflected Tenant #1 had amputation of the right fifth toe. History included: right foot osteomyelitis/gangrene/Methicillin-resistant Staphylococcus aureus (MRSA). The foot was to be left open to air. No further intervention was needed and Tenant #1 would follow up with his primary care physician. Continued record review revealed Tenant #1's service plan was reviewed post hospitalization; however, failed to reflect the toe amputation, current treatment of the area and history indicated on the orders including right foot osteomyelitis/gangrene/MRSA or precautions with cares. 3 . Record review of Tenant #2's file on 4-10-19 revealed diagnoses included: dementia and generalized convulsive epilepsy. Continued record review revealed Cobble Creek Nurses Notes indicated the following: a. On 2-23-19 it was noted Tenant #2 returned from the hospital. b. On 3-14-19 Tenant #2 was seen in the emergency room (ER) for an unresponsive	A 086	- RN is making a flow sheet to help her better understand rules & Reg. - RN will take assisted living class	7-1-19 9-1-19

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A 086	Continued From page 5 episode and was started on Keppra. c. On 3-28-19 Tenant #2 was redirected easily when he became argumentative. When interviewed on 4-10-19 the Nurse and Director reported Tenant #2 was hospitalized in February for behavior, as he had previously displayed anger and had medication changes. He was seen in the ER (in March) for seizures in his sleep. Continued record review revealed Tenant #2's service plan, reviewed 2-23-19, failed to reflect Tenant #2's behavior and interventions. The service plan also failed to reflect Tenant #2 had seizures and treatment. When interviewed on 4-11-19 the Nurse and Director reported all service plan documents were provided for the tenants listed above.	A 086		