✓ 7/1/19 OK 7/1/19

PRINTED: 06/19/2019
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
	S0045	A. BUILDING: _____ B. WING _____	C 05/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	2501 W STATE STREET MASON CITY, IA 50401

(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: 28 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 30 TOTAL census of Assisted Living Program: 30 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program and Investigation of Complaint #82211-C.	A 000	See attached POC 7/1/19	
A 014	481-67.3(3) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(3) To receive respect and privacy in the tenant's medical care program. Personal and medical records shall be confidential, and the written consent of the tenant shall be obtained for the records' release to any individual, including family members, except as needed in case of the tenant's transfer to a health care facility or as required by law or a third-party payment contract. This REQUIREMENT is not met as evidenced by:	A 014	please see page 2 - plan of correction.	signed 7/1/19

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 014	Continued From page 1 Based on interviews and record review, the Program failed to ensure confidentiality of tenants' medical information. The Program failed to ensure the release of confidential medical information to authorized agents. This pertained to 1 of 4 tenants reviewed (Tenant #1). Finding follows: Record review revealed Tenant #1 admitted to the Program 3-15-19. Tenant #1's service plan, dated 3-15-19, indicated she was independent with activities of daily living and received assistance with medication administration. Continued record review revealed an Iowa Statutory Power of Attorney (POA) document, signed by Tenant #1 on 5-1-18. The document indicated a Financial POA would be enacted. The document clarified the POA did not authorize the agent to make health care decisions for the tenant. Continued record review revealed an authorization for release of information, specifically medical information related to the tenant's care, signed by the financial POA on 3-15-19. Continued record review revealed clinical notes report documented Tenant #1 was discharged from the Program on 3-20-19 after a physician determined she did not require assisted living level of care. When interviewed on 5-2-19 Tenant #1 stated the facility did not have the right to give her medical records. When interviewed on 5-2-19 at 9:43 a.m. the Director reported Tenant #1's daughter-in-law	A 014	Please see page 1. plan of correction.	7/1/19

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A 014	Continued From page 2 stated she was POA for Tenant #1 and the Director believed her. Tenant #1's daughter-in-law provided a copy of the POA (financial). On 3-18-19, Tenant #1's Son/financial POA came to the Program and requested requested records. When interviewed on 5-2-19 the Licensed Practical Nurse (LPN) reported she failed to review the POA documentation provided to the Program and assumed the financial POA also had obtained medical POA. The LPN confirmed she provided medical records to the financial POA on 3-18-19, even after Tenant #1 revoked the financial POA. The LPN noted she had limited knowledge of POA rights and restrictions.	A 014	Please see page 1. plan of correction	6/10/19
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037	Please see page 2 plan of correction	6/10/19

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A 037	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete functional, cognitive, and health evaluations with significant change for 2 of 3 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: 1. Record review of Tenant #2's file revealed a service plan, dated 4-5-18, indicated she required no assistance with activities of daily living (ADLs). Review of Clinical Notes dated 3-4-19 indicated she returned from skilled care for a fractured hip and required assistance with ADLs. Continued review revealed cognitive and health assessments completed 4-5-19,but no functional assessment could located. When interviewed on 5-2-19 at 11:42 a.m. the Director confirmed this finding. 2. Review of Tenant #3's Clinical Notes dated 4-15-19 revealed he returned from hospital with orders for oxygen and requested visit with hospice due to diagnoses of lung and liver cancer. Continued review revealed comprehensive assessments completed 4-24-19 for significant change. The Program failed to complete the assessments in a timely manner. When interviewed on 5-2-19 at 11:42 a.m. the Director confirmed this finding.	A 037	Please see page 2 plan of correction	7/1/19

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A 069	Continued From page 4	A 069		
A 069	481-69.25(1)g Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: g. A signed authorization for the tenant to receive emergency medical care as necessary This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to maintain valid authorizations for release of medical information. This pertained to 1 of 4 tenants reviewed (Tenant #1). Finding follows: Record review revealed Tenant #1 admitted to the Program 3-15-19. Tenant #1's service plan, dated 3-15-19, indicated she was independent with activities of daily living and received assistance with medication administration. Continued record review revealed an Iowa Statutory Power of Attorney (POA) document, signed by Tenant #1 on 5-1-18. The document indicated a Financial POA would be enacted. The document clarified the POA did not authorize the agent to make health care decisions for the tenant. Continued record review revealed an authorization for release of information, specifically medical information related to the tenant's care, signed by the financial POA on 3-15-19. Continued record review revealed clinical notes report documented Tenant #1 was discharged	A 069	please see progress plan of correction	goals 7/1/19

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A 069	Continued From page 5 from the Program on 3-20-19 after a physician determined she did not require assisted living level of care. When interviewed on 5-2-19 at 9:43 a.m. the Director reported Tenant #1's daughter-in-law stated she was POA for Tenant #1 and the Director believed her. Tenant #1's daughter-in-law provided a copy of the POA (financial). When interviewed on 5-2-19 the Licensed Practical Nurse (LPN) reported she failed to review the POA documentation provided to the Program and assumed the financial POA also had obtained medical POA. The LPN noted she had limited knowledge of POA rights and restrictions.	A 069	please see page 3 plan of correction	goals 7/1/19
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop and update services	A 083	please see page 3 plan of correction	goals 7/1/19

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A 083	Continued From page 6 plans based on required assessments for significant change for 2 of 3 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: 1. Record review of Tenant #2's file revealed a service plan dated 4-5-18 indicated she required no assistance with activities of daily living (ADLs). Review of Clinical Notes dated 3-4-19 indicated she returned from skilled care for a fractured hip and required assistance with ADLs. Continued review revealed cognitive and health assessments completed 4-5-19, but no functional assessment could located. The Program failed to develop a service plan based on required assessments. When interviewed on 5-2-19 at 11:42 a.m. the Director confirmed this finding. 2. Review of Tenant #3's Clinical Notes dated 4-15-19 revealed he returned from the hospital with orders for oxygen and requested a visit with hospice due to diagnoses of lung and liver cancer. Continued review revealed comprehensive assessments and service plan completed 4-24-19 for significant change. The Program failed to update the service plan timely to reflect the changes of condition. When interviewed on 5-2-19 at 11:42 a.m. the Director confirmed this finding.	A 083	Please see pages 24 Plan of correction goals 7/1/19 We have started our plan of correction right after the Survey under Findings and Continue to improve. Thank you for your help to be Appropriated of the corrections.	

Received 6/19/19

DIL 7/9/19

Homestead of Mason City

Plan of Correction

✓ 7/9/19

Survey Results and Citations

A014 481-67.3(3) Tenant Rights

To Receive respect and privacy in the tenant's medical care Program. Personal and medical records shall be confidential, and the written consent of the tenant shall be obtained for the records' release to any individual, including family members, except as needed in case of the tenant's transfer to health care facility or as required by law or a third-party payment contract.

Tenant (#1) no longer resides at the facility.

All other tenants residing in the Homestead of Mason City's Community had their Medical Charts reviewed for proper Power of Attorney, Durable Power of Attorney, Guardianship, and/or Medical Release paperwork for all physician's, family members, contacts, etc. This was initiated on discovery 6/19/19 and goal 7/1/19.

All new tenants Medical Charts will be reviewed within 24 hours of admission to validate the Medical Release paperwork is available and signed as needed if the resident is not able to make decisions for themselves or if they have given up that right legally. Medical Records lacking proper signatures and documented proof of Power of Attorney, Guardianship, or Durable Power of Attorney will be addressed immediately by the facility Executive Director (ED) and/or the Resident Care Coordinator (RCC).

Any person or entity that requests Medical Information or Private Health Care Information will be vetted prior to information sharing for proper authorization. Any person or entity that does not have proper authorization will be denied the request until permission is granted by the tenant, Power of Attorney, Durable Power of Attorney, Guardian, etc.

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

The facility Executive Director (ED) and Resident Care Coordinator (RCC) will review the Medical Charts of any weekend admissions on their next scheduled work day. Any planned weekend admissions will have at least one Medical Release signed prior to admission the weekend admission to allow for a contact person for any needed information requests.

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.

A 037 481-69.22 (2) Evaluation of Tenant

Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive health and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to service needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited significant change.

Resident #2 was assessed by RN On 4/10/19

The tenant's service plan was updated on 4/24/19 to reflect functional changes resulting from a fractured hip and the associated change in the level of assistance the tenant required to complete his/her Activities of Daily Living (ADLs).

Resident #3 was assessed by RN On 4/24/19

The tenant's service plan was updated on 4/24/2019.

Education was provided to the Facility Licensed Nurses on 5/2/19, 6/19/19 and 6/27/19 Regarding current regulation standards involving required assessments and appropriate time frames for completion.

The facility Executive Director (ED) will monitor assessment schedules and completion and monitor compliance daily during the normal work week of Monday-Friday.

The facility Resident Care Coordinator (RCC) will discuss all functional, cognitive and health assessment findings with the Executive Director (Ed) upon completion.

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.

A 069 481-69.25 (1)g Tenant Documents

Documentation for each resident shall be maintained by the program and shall include: g. A signed authorization for the tenant to receive emergency medical care as necessary.

Tenant (#1) no longer resides at the facility.

All other tenants residing in the Homestead of Mason City's Community had their Medical Charts reviewed for proper paperwork and the needed appointed person/persons who have been predesignated to make emergency medical decisions for the tenant while receiving care at Homestead of Mason City. This was initiated 6/19/19 and goal 7/1/19.

All new tenants Medical Charts will be reviewed within 24 hours of admission to validate the

proper paperwork and the needed appointed person/persons who have been predesignated to make emergency medical decisions for the tenant while receiving care at Homestead of Mason City. Medical Records lacking proper paperwork and/or permission to make emergency healthcare decisions will be addressed immediately by the facility Executive Director and/or the Resident Care Coordinator (RCC).

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

The facility Executive Director (ED) and Resident Care Coordinator (RCC) will review the Medical Charts of any weekend admissions on their next scheduled work day. Any planned weekend admissions will have at least one designated person for emergency medical treatment decisions prior to admission the weekend admission.

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.

A 083 481-69.26 (1) Service Plans

A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

Tenant #2 was assessed by RN On 4/10/19.

The tenant's service plan was updated on 4/10/19 to reflect functional changes resulting from a fractured hip and the associated change in the level of assistance the tenant required to complete his/her Activities of Daily Living (ADLs).

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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. Susan M. Wiley Executive Director Homestead of Mason City
6/27/19 CC.: File, Carol Sullivan, LPN/RCC

Carri Stone, Regional VP, Jennifer Adams RN

Susan M. Wiley 6/27/19
Executive Director
Homestead of Mason City