6/5/19

PRINTED: 05/23/2019
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
	S0292	A. BUILDING: _____ B. WING _____	C 05/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE	4504 ELMORE AVENUE DAVENPORT, IA 52807

(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. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 40 Total census of Program: 40 The following regulatory insufficiency was cited during the investigation if Incident #82468-I.	A 000		
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 Program failed to provide appropriate services to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: A review of tenant files on 5/1/19 revealed the following: 1. Tenant #1 had a Resident Service Plan dated 3/12/19 which identified he often expressed a desire to return home and frequently pushed on egress doors until they opened. The service plan	A 013	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 013	Continued From page 1 identified staff would provide a safe environment for Tenant #1 including a wanderguard system and secured doors. Tenant #1's service plan noted he required safety checks greater than every four hours. Staff would perform routine safety checks at assigned frequency and document each check on the appropriate form. An Incident Report for Tenant #1 dated 4/5/19 documented he pushed on an exit door and left the building at 5:55 PM without an alarm sounding. He was locked out of the building until 6:22 PM, at which time a staff heard the tenant knocking on the door and assisted him into the building. Tenant #1 was not injured during his elopement. There was no documentation of when Tenant #1 had last been checked prior to his elopement from the building. 2. Tenant #2 had a Resident Service Plan dated 11/27/18 which noted she required safety checks less than every hour. The Resident Service Plan identified staff would perform routine safety checks at assigned frequency and document each check on the appropriate form. The Resident Service Plan did not note how often Tenant #2 was to be checked. The frequency of the checks was not documented. 3. Tenant #3 had a Resident Service Plan dated 1/21/19 which noted she required safety checks less than every four hours. Staff would perform routine safety checks at assigned frequency and document each check on the appropriate form. There was no documentation as to what the	A 013		

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A 013	Continued From page 2 assigned frequency of the safety checks was or any documentation of these checks. 4. Tenant #4 had a Resident Service Plan dated 3/12/19 which identified she required safety checks less than every four hours. Staff were to perform routine safety checks at an assigned frequency and document each check on the appropriate form. There was no documentation as to what the assigned frequency of the safety checks was or any documentation of these checks. 5. Tenant #5 had a Resident Service Plan dated 2/15/19 which noted she required safety checks less than every four hours. Staff would perform routine safety checks at assigned frequency and document each check on the appropriate form. There was no documentation as to what the assigned frequency of the safety checks was or any documentation of these checks. The Health Administrator-RN and the Assistant Memory Care Director of Nursing-RN confirmed the frequency of safety checks were not listed in Resident Service Plans and there was no form of documenting checks made by staff. They reported safety checks for tenants were completed every two hours.	A 013		

6/5/19

Plan of Correction – Senior Star at Elmore Place

Date: 5.28.19
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Health Service Administrator
RE: DIA Visit on May 1st and May 8th, 2019

Enclosed is the Plan of Correction (POC) in response to on-site monitoring visit by DIA monitor Stephanie Dodge on May 1 & May 8, 2019, to Senior Star at Elmore Place Memory Care. Regulatory Insufficiencies in the area(s) of: tenant rights, and provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. Each area of regulatory Insufficiency is noted in this document including a detailed POC.

PLAN OF CORRECTION

Area: Tenant Rights

Regulatory Insufficiency #1: 481-67.3(2) tenant rights. All tenants have the following rights: 67.3(2), to receive care, treatment and services which are adequate and appropriate.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will correct any service plan to reflect the resident needs to ensure services are adequate and appropriate. The electronic plan of care program was updated to reflect change in staff documentation related to safety checks that are not required for the program. The community will ensure all staff is following individual service plans.
2. **The following measures will be taken to ensure the problem does not recur:** The registered Nurses and or designee will continue ongoing training regarding policies and procedures specific to tenant rights, care, treatments, and services as deemed necessary.
3. **The Program plans to monitor performance to ensure compliance by:** The registered nurses and or designee will review service plans annually to ensure the service plans accurately reflect the care, treatment and services appropriate for the tenant. The policies and procedures related to tenant rights related to care, treatment, and services will be reviewed at least annually for any changes and make any necessary changes at the time identified.
4. **The regulatory insufficiency will be corrected by:** June 22nd, 2019

5/30/19