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
	S0260	A. BUILDING: Grand Haven B. WING	C 06/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND HAVEN	201 EAST FRANKLIN STREET ELDRIDGE, IA 52748

(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. General Population Number of tenants without cognitive disorder: 79 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 11 TOTAL Census of Assisted Living Program for People with Dementia: 94 The investigation of Complaint #82986-C resulted in regulatory insufficiencies.	A 000	1.A. A nurse review/COC involving a fall will identify at least one intervention, with an update to the ISP. 1.B.Therapy notes will be reviewed and noted with an update to service plan when there is a change with who, what, why, frequency, and discontinuation dates of therapies. 1.C. All tenants with identified physical/verbal behavior will have interventions identified on their ISP, for staff redirection. 1.D.Use of supplements will be identified on the ISP. 2.A.90 day nurse review/COC will include any falls and the interventions. 2.B.One time a week, the nurse will review the therapy notes and make updates to the ISP. 2.C.90 day nurse review/COC will include physical/verbal behaviors, interventions and effectiveness of the interventions. 2.D.90 day nurse review/COC will include use of supplements.	
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 observation, interview and record review the Program failed to update service plans	A 083	3.A. Monthly audit of the fall incidents. 3.B.Therapy notes and updates will be tracked in a binder weekly. 3.C.Monthly audit of the behavior incidents. 3.D.Monthly audit of the tenants using supplements. 4.A. Completion Date 8/22/19 4.B. Completion Date 8/22/19 4.C. Completion Date 8/22/19 4.D. Completion Date 8/22/19	8/22/19 8/22/19 8/22/19

POC 8/20/19

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 as needed and failed to have service plans reflect the specific service needs of the tenants. This pertained to 4 of 6 tenants reviewed (Tenants #1, #2, #3, and #6). Findings follow: 1. Record review on 6-4-19 of Tenant #1's file revealed diagnoses included: alcoholism and history of falls. Nurse's/Care Notes indicated the following: a. On 3-7-19 it was noted Tenant #1 had a fall. Tenant #1 lost his balance and was not using his two-wheeled walker at the time of the fall. Tenant #1 sustained a skin tear to the left knee. b. On 3-24-19 it was noted Tenant #1 had a fall. When Tenant #1 exited the shower, he slipped and fell. Tenant #1 had "small scratch" on his back and denied pain. c. On 4-13-19 it was noted Tenant #1 had potential unwitnessed fall. Staff entered the apartment at 9:00 a.m. and Tenant #1 was asleep on the floor. Tenant #1 denied falling and said he decided to sleep on the floor. Alcohol was found in the apartment. d. On 5-1-19 it was noted Tenant #1 had a fall on 4-30-19 and was found on the floor with feces on him. Empty alcohol bottles were found in the apartment and Tenant #1 "appeared to be intoxicated." Tenant #1 reported some discomfort in the left shoulder and denied needing as needed Tylenol. e. On 5-1-19 it was noted Tenant #1 had continued pain in the shoulder and had taken pain medication. Tenant #1 "winced" and "groaned" with any movement. It was recommended to have the shoulder looked at and	A 083		

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A 083	Continued From page 2 Tenant #1 declined. f. On 5-2-19 it was noted Tenant #1 reported if his shoulder did not improve he would go to the doctor; however, he refused to go at that time. The Director of Nursing (DON) and Manager spoke with Tenant #1 about alcohol abuse and discharge criteria. Tenant #1 voiced understanding and said he would quit drinking so he could remain at the Program. g. On 5-2-19 it was noted Tenant #1 left the building via ambulance due to left shoulder pain and weakness. i. On 5-3-19 it was noted Tenant #1's family reported Tenant #1 was admitted to the hospital due to clavicle fracture and low blood pressure. j. On 5-13-19 it was noted Tenant #1's family reported they chose to transfer Tenant #1 to a higher level of care. Continued record review revealed the service plan dated 10-3-18 reflected a health history including: alcoholism and history of falls; however, the service plan did not reflect fall interventions or the consumption of alcohol. 2. Record review on 6-4-19 of Tenant #2's file revealed Nurse's/Care Notes dated 9-21-18 revealed Tenant #2 was discharged from outside services including skilled nursing (SN) on 9-13-18 and physical therapy (PT) on 9-18-18. When interviewed on 6-5-19 at the exit meeting the DON confirmed outside therapies had been discontinued for Tenant #2.	A 083	AA 083 1.A. A nurse review/COC involving a fall will identify at least one intervention, with an update to the ISP. 1.B.Therapy notes will be reviewed and noted with an update to service plan when there is a change with who, what, why, frequency, and dicontinuation dates of therapies. 1.C. All tenants with identified physical/verbal behavior will have interventions identified on their ISP, for staff redirection. 1.D.Use of supplements will be identified on the ISP. 2.A.90 day nurse review/COC will include any falls and the interventions. 2.B.One time a week, the nurse will review the therapy notes and make updates to the ISP. 2.C.90 day nurse review/COC will include physical/verbal behaviors, interventions and effectiveness of the interventions. 2.D.90 day nurse review/COC will include use of supplements. 3.A. Monthly audit of the fall incidents. 3.B.Therapy notes and updates will be tracked in a binder weekly. 3.C.Monthly audit of the behavior incidents. 3.D.Monthly audit of the tenants using supplements. 4.A. Completion Date 8/22/19 4.B. Completion Date 8/22/19 4.C. Completion Date 8/22/19 4.D. Completion Date 8/22/19	

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A 083	Continued From page 3 Continued record review revealed the service plans dated 10-7-18 and 12-19-18 reflected Tenant #2 had an outside service provider including SN and PT weekly. The service plan was not updated as needed and did not reflect the discontinuation of SN and PT services. 3. Record review on 6-5-19 of Tenant #3's file revealed diagnoses including: bladder neck obstruction, history of urinary tract infection, history of sepsis and Alzheimer's dementia. Tenant #3 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Physician's Report/Orders form reflected the following: a. On 3-27-19 it was noted Tenant #3 had aggressive behaviors with cares and redirection was not effective. Fluoxetine 20 milligram (mg) daily was ordered. b. On 4-1-19 it was noted Tenant #3 continued to display aggressive behaviors with cares. A request was made for a pharmacological intervention to assist with acute behaviors. A new order was received for Lorazepam 0.5 mg orally twice per day. A Staff to RN Communication Report dated 3-31-19 reflected a change in behavior including aggression, agitation and yelling out. The report indicated a new medication was started on 3-28-19; however, Tenant #3 continued to be aggressive, combative and "verbally angry" towards staff completing cares. Nurse's/Care Notes indicated the following:	A 083		

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A 083	Continued From page 4 a. On 4-3-19 it was noted Tenant #3 was admitted to occupational therapy (OT) for catheter care/cleanliness concerns. b. On 4-3-19 it was noted OT contacted the primary care provider (PCP) related to behaviors and management of catheter cares. A new order was received for Lorazepam 0.5 mg tablet, take one tablet twice daily and prior to catheter cares as needed. An External Testing Order documented dated 4-18-19 indicated catheter changes could be scheduled in the urology office if it was too difficult for the visiting nurse (outside service provider) to complete due to behaviors. It was indicated to consult the PCP and family for potentially needing a higher level of care related to behaviors. Continued record review revealed a 90 Day Nurse Review document dated 4-30-19 revealed Tenant #3 was discharged from OT on 4-17-19, PT on 4-25-19 and SN on 4-26-19. Further record review revealed the service plan dated 2-5-19 was not updated as needed and did not reflect the discontinuation of the outside service providers. The service plan also did not reflect Tenant #3's behaviors with cares and interventions. 4. Record review on 6-5-19 of Tenant #6's file revealed diagnoses included: bipolar, schizoaffective disorder with hallucinations and history of falls. Tenant #6 was staged at a four on the GDS, which indicated moderate cognitive decline.	A 083		

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A 083	Continued From page 5 When observed at the lunch meal on 6-4-19 at approximately 11:15 a.m. Tenant #6 ambulated with a walker and observed stooped gait to the dining room. A private companion was seated next to her at the meal. Nurses's/Care Notes indicated the following: a. On 3-25-19 it was noted Tenant #6 fell out of the shower reaching for something that was not there. Tenant #6 sustained a bruised/scratched area to the left shoulder blade b. On 4-1-19 it was noted Tenant #6 had fallen. A bump was noted on the right side of the forehead. c. On 4-9-19 it was noted during the completion of the 90 day review it was noted Tenant #6 had increased falls. A PT referral was offered to and declined by Tenant #6's family. d. On 4-27-19 it was noted Tenant #6 had a fall with no injuries noted. e. On 5-5-19 it was noted Tenant #6 had a fall. Tenant #6 reported being dizzy, sat down on the floor and laid back. f. On 5-6-19 it was noted a fax was received from the PCP including: lab work and to support blood pressure by drinking a sports drink daily. g. On 5-7-19 it was noted a new order was received to discontinue Hydrochlorothiazide and check blood pressure daily and report on 5-9-19. h. On 5-8-19 it was noted a new order was received for a sports drink twice daily due to low potassium.	A 083		

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A 083	Continued From page 6 i. On 5-9-19 it was noted Tenant #6 went to the PCP and returned with the following orders: lab work, drink one bottle of a sports drink daily at breakfast and one nutritional supplement daily with lunch, blood pressure daily (report in one week) and to continue with PT/OT for weakness. j. On 5-17-19 it was noted a new order was received to continue the sport drink for one week, discontinue and check blood pressure weekly after the sports drink was completed. k. On 5-18-19 it was noted Tenant #6 had an unwitnessed fall on 5-18-19 attributed to balance lost. Tenant #6 hit her head and a bump was noted. Tenant #6's blood pressure was 84/50. l. On 5-26-19 it was noted Tenant #6 had an unwitnessed fall with no injuries. m. On 6-3-19 it was noted a new order was received for Tenant #6 to receive a sports drink (8 ounces) daily indefinitely. A Physician's Report/Orders document dated 5-7-19 reflected Tenant #6 had become "nearly immobile" over the last few months. Tenant #6 had a "stooped gait" and increased weakness. Continued record review revealed the service plan dated 12-18-18 reflected a history of falls in the Health History; however, the service plan was not updated as needed to reflect the stooped gait, increased weakness and fall interventions. Orders were received for a sports drink and nutritional supplement, which were not reflected on the service plan until 6-5-19. When interviewed on 6-5-19 at 2:09 p.m. the DON reported all service plan documents for the	A 083		

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A 083	Continued From page 7 tenants noted above were provided. When interviewed on 6-5-19 at 3:24 p.m. the Manager reported all service plan documents for the tenants noted above were provided.	A 083		