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
	S0336	A. BUILDING: _____ B. WING _____	07/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT HOUSE ASSISTED LIVING	600 1ST STREET NW BRITT, IA 50423

(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: 43 Number of tenants with cognitive disorder: 2 Total census of Assisted Living Program: 45 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of 2 of 4 tenants reviewed (Tenants #2, #4). Findings follow: 1. Review of Tenant #2's file on 7-15-19 revealed a Physician's Office Visit form dated 5-9-19 reflecting a diagnosis of cheilitis. The form included an order for Triamcinolone 0.1% cream to be applied twice daily. Tenant #2 could keep it	A 089	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 089	Continued From page 1 at bedside and apply per self. The order included the use of Vaseline Petroleum Jelly which could be self applied three to four times per day. The form also documented a 1.5 x 0.5 centimeter (cm) open area was noted on the left buttock. The area was to be cleansed with wound cleanser. Skin prep was to be applied and when dry, the wound was to be covered by a small piece of Replicare. The treatment was to be completed every three days and as needed. Continued record review revealed physician orders were received dated 6-17-19 including the discontinuation of lymphedema wraps for the right leg, and the use of two layers of tubigrips on the right leg and a single layer of tubigrips on the left leg. A Fax Sheet to Physician document dated 7-3-19 reflected Tenant #2 refused to let staff complete the wound care on her buttocks. Tenant #2 stated she was putting her "own stuff on it." The wound care was discontinued. A Physician's Office Visit Form dated 7-11-19 reflected the left buttock wound measured 1 cm x 0.4 cm (minimal depth). The order indicated to cleanse, use skin prep to peri wound, cover with 1/2 piece of Replicare and hold pressure for a minute to help adhere. The treatment was to be completed when it fell off or every five days. Tenant #2's service plan signed on 10-8-18 reflected the need for assistance with tubigrips and shoes. The service plan did not reflect the orders for the two layers of tubigrips on the right leg and single layer of tubigrips on the left leg. It also did not reflect the wound on Tenant #2's buttock and treatment or the cheilitis and treatment completed by Tenant #2.	A 089		

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A 089	Continued From page 2 2. Review of Tenant #4's file on 7-16-19 revealed a Health and Functional Assessment dated 3-12-19 reflecting the use of a continuous positive airway pressure (CPAP) machine. A Fax to Physician document dated 6-3-19 reflected Tenant #4 wore a CPAP nightly. A new mask and hose were needed for the CPAP. A Health and Functional Assessment dated 6-6-19 reflected Tenant #4 recently complained of left elbow tenderness. Tenant #4 reported a history of tendonitis and he had been wearing a brace previously recommended. A Physician's Office Visit documented dated 6-7-19 reflected Tenant #4 had left elbow tendonitis and to continue with the brace and Biofreeze as needed. Tenant #4 could also take Tylenol as needed (existing order). Tenant #4's service plan signed on 3-12-19 did not reflect the use of the CPAP or the issues with left elbow tendonitis and treatment. 3. When interviewed on 7-16-19 at 10:34 a.m. the Nurse confirmed Tenant #2's service plan did not reflect wound care and Tenant #4's service plan did not reflect the CPAP or tendonitis treatment.	A 089		
A 224	481-69.26(3)d 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. d. The service plan updated within 30 days of the tenant ' s occupancy shall be signed and	A 224		

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A 224	Continued From page 3 dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans within 30 days occupancy and failed to have the service plan signed by all parties. This pertained to 2 of 2 tenants reviewed admitted in the last year (Tenants #1 and #3). Findings follow: Review on 7-15-19 of Tenant #1's file revealed an admission date of 8-11-18. An initial service plan dated 7-23-18 was signed by Tenant #1 and the Nurse. On 9-4-18 the service plan was reviewed by the Nurse; however, was not signed by Tenant #1. Review on 7-15-19 of Tenant #3's file revealed an admission date of 3-8-19. An initial service plan dated 3-5-19 was signed by Tenant #3 and the Director of Nursing. A 30 day service plan was not found for Tenant #3. When interviewed on 7-16-19 at 10:34 a.m. the Nurse stated Tenant #1 reviewed the 30 day service plan, however, at that time she was not aware of the requirement for a tenant signature. She confirmed a service plan within 30 days of taking occupancy could not be found for Tenant #3.	A 224		

SUMMIT HOUSE
RETIREMENT COMMUNITY

✓ 8/20/19

Service Plans 69.26(3)(d)

Elements detailing how the Program will correct each regulatory insufficiency.

- The Director of Nursing completed a health, functional, and cognitive assessment on tenant #3 on 7/16/2019. Service plan was updated with this assessment and signatures obtained by RN and tenant.
- Tenant #1 discharged from Summit House on 7/29/2019.

Measures taken to ensure the problem does not recur.

- The Director of Nursing at Summit House will be educated on the regulatory requirements related to updating service plan within 30 days of tenant's occupancy and as needed with significant change, but not less than annually. The service plan will be updated within 30 days of the tenant's occupancy will be signed by all parties.

How the Program plans to monitor performance to ensure compliance.

- The Administrator and/or Designee will audit tenant files at least annually to ensure regulatory compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by August 29, 2019.

Jody Seelhammer
Director

✓ DD 8/16/19