STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP181	A. BUILDING _____ B. WING _____	07/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE 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 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: 20 Number of tenants with cognitive disorder: 34 TOTAL Census of Assisted Living Program for People with Dementia: 54 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program:	A 000	See attached POC 8/22/19	
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 services that were adequate and appropriate for 2 of 5 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Record review on 7-17-19 and 7-22-19 of Tenant #2's file revealed Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #2's diagnoses included:	A 013		

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

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A 013	Continued From Page 1 Alzheimer's disease and hemiplegia and hemiparesis following non-traumatic intracranial hemorrhage. Continued record review of June and July 2019 MARs reflected orders for Lorazepam, one tablet 0.5 milligram (mg) orally twice daily for anxiety and aggressive behaviors at 8:00 a.m. and 12:00 p.m. and Lorazepam, two tablets 0.5 mg orally at bedtime for anxiety and aggression at 8:00 p.m. There were 18 times the 12:00 p.m. dose was documented as not given, 16 times it was documented as other/see Progress Notes, once charted for sleeping and once charted as a refusal. Review of June Progress Notes indicated over 10 times when non-licensed staff charted it was not needed (the medication was a scheduled medication). The July 2019 MARs reflected 5 times it not given at 12:00 p.m. and charted as other/see Progress Notes. Review of July Progress Notes indicated twice it was documented as not needed by unlicensed staff. On 7-15-19 it was charted by unlicensed staff that it was not needed at that time per nurse. Further record review revealed Progress Notes dated 6-6-19 reflected the advanced registered nurse practitioner visited and observed crying moments and spoke with Tenant #2. Medication times would be adjusted to assist with moments of weeping that were typically in the mid-afternoon. Pharmacy was notified of the changes. Continued record review revealed a document entitled Encounter-Office Visit Date of Service 6-6-19 revealed Tenant #2 had times she was very sad and cried. Tenant #2 had Ativan 0.5 mg twice during the day and 1 mg at bedtime. She often slept and would miss one of the doses of Ativan. The plan indicated nursing staff would schedule one of the 0.5 mg Ativan doses when she woke up	A 013		

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A 013	Continued From Page 2 and the second dose later in the afternoon. If a down mood continued the addition of Wellbutrin would be considered. The orders were not noted with time, date or signature and had a fax date and time of 7-17-19 at 11:51 a.m. Further record review revealed the June and July 2019 MARs did not reflect the the Ativan time adjustment as ordered. In addition, Tenant #2 did not receive the medication as ordered at 12:00 p.m. 23 times during the months of June and July and staff documented reasons for it not being given included it was not needed. 2. Record review on 7-17-19 and 7-22-19 of Tenant #3's file revealed Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline. Diagnoses included: diabetes mellitus due to underlying condition, dementia without behavioral disturbance, cellulitis, open wound on the right lower leg and chronic atrial fibrillation. Continued record review revealed Progress Notes indicated the following: -On 6-1-19 it was noted Tenant #3 had excessive swelling to bilateral lower extremities. It was weeping through the skin, she was more sleepy and more confused. Tenant #3 was transferred to the hospital. -On 6-2-19 it was noted Tenant #3 was admitted to the hospital. -On 6-6-19 it was noted Tenant #3 was discharged from the hospital and orders included: wound care to lower legs, cleanse with normal saline, apply moistened Hydrofera Blue to the wound bed, and cover with a foam border. Change every	A 013		

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A 013	Continued From Page 3 other day and as needed. -On 6-12-19 it was noted Tenant #3 had an appointment at the wound center and orders included: to leave four layer wraps on the right leg in place and dry, two layer spandagrip on the left leg and to leave on as much as possible and Iodosorb dressing to be changed every other day. -On 6-19-19 it was noted Tenant #3 had an appointment at the wound center and orders were received for the bilateral four layer wraps to leave in place, call if they slipped down, keep dry and cover with a shower and return in one week -On 6-26-19 it was noted Tenant #3 had an appointment at the wound center and bilateral lower wraps were applied. Orders were received to leave in place until the next appointment, call if they fell down and keep dry/cover for a shower. -On 7-3-19 it was noted Tenant #3 had an appointment at the wound center and the following orders were received: blue 20-30 mmHg Jobst stocking on the left lower extremity, wrap on the right lower extremity would remain in place, remove stocking on the left at bedtime and replace in the morning. -On 7-11-19 it was noted Tenant #3 had an appointment at the wound center and the following orders were received: compression stockings in place, on every morning and off at bedtime. For the left leg ulcer dress with Silvasorb, gauze and kling daily. Apply a double layer of spandagrip to the right lower extremity on in the morning and off at bedtime. The next appointment was scheduled for 8-8-19. The orders for 7-11-19 were not noted with time, date or signature. June 2019 MARs reflected the order dated 6-6-19	A 013		

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A 013	Continued From Page 4 to cleanse bilateral leg wounds with normal saline, apply moistened Hydrofera Blue to the wound bed, and cover with a foam border. Change every other day and as needed was not added to the MAR and documented as completed until 6-11-19, despite being ordered on 6-6-19. It was documented as completed every other day until 6-21-19 when it charted as refused. The order dated 6-12-19 for two layer spandagrip on the left leg and to leave on as much as possible and Iodosorb dressing to be changed every other day was not transcribed on the June MARs and was not documented as completed. The orders dated 7-11-19 for the left leg ulcer dress with Silvasorb, gauze and kling daily. Apply a double layer of spandagrip to the right lower extremity on in the morning and off at bedtime were not transcribed on the July MARs and was not documented as completed. Tenant #3 had a history of cellulitis and had physician ordered wound treatments that were not completed as ordered. 3. When interviewed on 7-22-19 at approximately 3:45 p.m. and at the time of the exit meeting, the Healthcare Coordinator said Tenant #2's Ativan was held due to drowsiness or napping. All current orders requested were provided with the exception of the 7-11-19 order (for Tenant #3) and a telephone call was placed to the clinic for clarification. All current MARs for the tenants indicated above were provided.	A 013		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans.	A 083		

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A 083	Continued From Page 5 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 as needed and failed to have service plans reflect the specific service needs of the tenants. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. When interviewed on 7-17-19 at 9:30 a.m. Staff A said Tenant #1 was a two person 20% of the time. When interviewed on 7-17-19 at 10:08 a.m. Staff B said two people were used to transfer Tenant #1 50% of the time. When interviewed on 7-22-19 at approximately 3:45 p.m. the Healthcare Coordinator said Tenant #1 was typically a one person transfer and two people were used for transfers for Tenant #1 25% of the time. Record review on 7-17-19 and 7-22-19 revealed Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Diagnoses included: Alzheimer's disease and personal history of other diseases of the respiratory system and personal	A 083		

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A 083	Continued From Page 6 history of pneumonia (recurrent). Continued record review revealed Progress Notes indicated the following: -On 5-15-19 it was noted Tenant #1 was febrile, had the chills, a cough, weakness and was lethargic. Tenant #1 was transferred to the hospital and admitted. -On 5-20-19 it was noted a video swallow study was completed while he was at skilled care and he aspirated on thin liquids. Family brought a thickener for him and staff assist when he requested. Tenant #1 was recently discharged from the hospital with a diagnosis of pneumonia and did not like to use the thickener and family was agreeable with him not using it. -On 6-14-19 it was noted Tenant #1 had rattling in the lower lungs and the physician was notified. A new order was received for Augmentin 875/125 milligram (mg) every 12 hours for 10 days. -On 6-28-19 it was noted family accompanied him to an appointment. A chest x-ray was done due to aspiration pneumonia. Family would update the nurse on the results of the x-ray. -On 7-16-19 it was noted a fax was received from the physician to admit Tenant #1 to Hospice care. Further record review revealed a Clinical Summary from the hospital dated 5-20-19 reflected Tenant #1 was admitted on 5-15-19 to 5-20-19 with a diagnosis of aspiration pneumonia. The transfer orders included: mechanical soft diet, nectar thickened liquids, aspiration precautions, slowly feed small bites/sips, no straws and one to one feeding assistance.	A 083		

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A 083	Continued From Page 7 When interviewed on 7-22-19 at approximately 3:45 p.m. the Healthcare Coordinator said the Program did not offer therapeutic diets. Regarding the hospital transfers ordered indicated above, the Program did not use straws, Tenant #1 ate soft foods and Tenant #1's family member spoke with the physician and discontinued the order for thickened liquids (no order was provided regarding the discontinuation of the discharge orders from the hospital). Continued record review revealed the service plan dated 5-20-19 reflected Tenant #1 was mobile with assistance of one person and assistive device. The section for Eating/Meals on the service plan was blank. The service plan was not updated as needed and did not reflect Tenant #1 at times required assistance of two staff for transfers. The service plan also did not reflect Tenant #1's history of aspiration pneumonia, current diet orders, assistance needed at meals and interventions. 2. Observation on 7-16-19 at the time of evening meal reflected Tenant #2 was seated in a wheelchair at the table. Staff provided hand over hand assistance with eating at times. Tenant #2's food was served on a divided plate. When interviewed on 7-17-19 at 9:30 a.m. Staff A revealed Tenant #2 required a two person assist with transfers 30% to 40% of the time. When transferring Tenant #2 from the wheelchair into bed it typically took one person. When interviewed on 7-17-19 at 10:08 a.m. Staff B revealed it was dependent on the day and Tenant #2 took two people to transfer 50 % of the time.	A 083		

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A 083	Continued From Page 8 Record review on 7-17-19 and 7-22-19 of Tenant #2's file revealed Tenant #2 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #2's diagnoses included: Alzheimer's disease, hemiplegia and hemiparesis following non-traumatic intracranial hemorrhage. Continued record review revealed the service plan dated 3-1-19 was not updated as needed and did not reflect the use of the divided plate at meals or at times Tenant #2 required the assistance of two people for transfers. 3. Record review on 7-17-19 and 7-22-19 of Tenant #3's file revealed Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline. Diagnoses included: diabetes mellitus due to underlying condition, dementia without behavioral disturbance, cellulitis, open wound on the right lower leg and chronic atrial fibrillation. Continued record review revealed Progress Notes indicated the following: -On 6-1-19 it was noted Tenant #3 had excessive swelling to bilateral lower extremities. It was weeping through the skin, she was more sleepy and more confused. Tenant #3 was transferred to the hospital. -On 6-2-19 it was noted Tenant #3 was admitted to the hospital. -On 6-6-19 it was noted Tenant #3 was discharged from the hospital and orders included: wound care to lower legs, cleanse with normal saline, apply moistened Hydrofera Blue to the wound bed, and cover with a foam border. Change every	A 083		

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A 083	Continued From Page 9 other day and as needed. -On 6-12-19 it was noted Tenant #3 had an appointment at the wound center and orders included: to leave four layer wraps on the right leg in place and dry, two layer spandagrip on the left leg and to leave on as much as possible and Iodosorb dressing to be changed every other day. -On 6-19-19 it was noted Tenant #3 had an appointment at the wound center and orders were received for the bilateral four layer wraps to leave in place, call if they slipped down, keep dry and cover with a shower and return in one week -On 6-26-19 it was noted Tenant #3 had an appointment at the wound center and bilateral lower wraps were applied. Orders were received to leave in place until the next appointment, call if they fell down and keep dry/cover for a shower. -On 7-3-19 it was noted Tenant #3 had an appointment at the wound center and the following orders were received: blue 20-30 mmHg Jobst stocking on the left lower extremity, wrap on the right lower extremity would remain in place, remove stocking on the left at bedtime and replace in the morning. -On 7-11-19 it was noted Tenant #3 had an appointment at the wound center and the following orders were received: compression stockings in place, on every morning and off at bedtime. For the left leg ulcer dress with Silvasorb, gauze and kling daily. Apply a double layer of spandagrip to the right lower extremity on in the morning and off at bedtime. The next appointment was scheduled for 8-8-19. The service plan dated 6-13-19 reflected Tenant #3 was on an antibiotic for three days for cellulitis,	A 083		

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A 083	Continued From Page 10 and special skin issues. The service plan directed staff to cleanse with normal saline, apply Hydrofera Blue moistened with normal saline and cover with a foam border. Change every other day and as needed (revision date 6-7-19). The service plan was not updated as needed and did not address the location of the wound and treatment, subsequent treatment orders, wound center visits, spandagrip and Jobst stockings and instructions for the wraps with bathing. 4. Record review on 7-22-19 of Tenant #4's file revealed Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. June 2019 MARs reflected an order for Nitroglycerin 0.4 mg tablet, give sublingually, as needed for chest pain. It indicated unsupervised self-administration. Record review revealed a Documentation Survey report for July 2019 reflected staff ensured morning medications were out of the medication planner each day and eye drops were given at bedtime. When interviewed on 7-22-19 at approximately 3:45 p.m. the Healthcare Coordinator revealed Tenant #4's family set up medications and reminders were provided. The Nitroglycerin was stored in her apartment in the cabinet and staff assisted with the Nitroglycerin. Tenant #4 had not used the medication. Continued record review revealed the service plan dated 7-13-19 reflected Tenant #4's family filled the medication planner and called daily for Tenant #4 to take the medication. Staff checked the planner to ensure morning medications were removed and eye drops were given at bedtime.	A 083		

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A 083	Continued From Page 11 The service plan did not reflect staff assistance with Nitroglycerin and storage of the medication. 5. Record review on 7-22-19 of Tenant #5's file revealed Tenant #5 had a diagnosis of Parkinson's disease and received Hospice services. A Hospice Plan of Care Update Report with a visit date of 6-12-19 reflected about 50% of the time Tenant #5 chose to spend large periods of the day in bed. Tenant #5's pain in her legs varied from day to day. Tenant #5 had lost 11 pounds over the past 14 months and weighed 91 pounds. Tenant #5's family was concerned the staff at the Program did not acknowledge her weakness and decline. It also reflected Tenant #5 had a hospital bed and side rails on the bed to assist with repositioning. Continued record review revealed the Comprehensive Assessment dated 11-17-18 reflected Tenant #5 was an assist of one person for transfers and used a wheeled walker and wheelchair. Tenant #5 had a bedside assistive device to help with transfers. Further record review revealed Progress Notes indicated the following: -On 7-6-19 it was noted Tenant #5 experienced weakness when ambulating and was lowered to the ground with no injuries. Tenant #5 was assisted into bed with the use of a mechanical lift and assist of two staff. -On 7-12-19 it was noted a new order was received for Gabapentin 100 milligram three times per day for leg pain. Continued record review revealed the service plan	A 083		

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A 083	Continued From Page 12 dated 11-17-18 reflected Tenant #5 needed encouragement to come out of the apartment for meals and activities and liked to stay in her apartment and bed. The service plan reflected Tenant #5 was at risk for falls. The service plan was not updated and did not reflect the amount of time Tenant #5 chose to spend in bed, weight loss, weakness and decline, leg pain and the use of a hospital bed and side rails. 6. When interviewed on 7-22-19 at approximately 3:45 p.m. the Healthcare Coordinator revealed all current service plans for the tenants indicated above were provided.	A 083		
A 095	481-69.27(1)b Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)b To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure orders were current. This pertained to 3 of 5 tenants reviewed (Tenants #1, #2 and #3). Findings follow:	A 095		

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(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 095	Continued From Page 13 1. Record review on 7-17-19 and 7-22-19 revealed Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Diagnoses included: Alzheimer's disease and personal history of other diseases of the respiratory system and personal history of pneumonia (recurrent). Continued record review revealed Progress Notes indicated the following: -On 5-15-19 it was noted Tenant #1 was febrile, had the chills, a cough, weakness and was lethargic. Tenant #1 was transferred to the hospital and was admitted. -On 5-20-19 it was noted a video swallow study was completed while he was at skilled care and he aspirated on thin liquids. Family brought a thickener for him and staff assist when he requested. Tenant #1 was recently discharged from the hospital with a diagnosis of pneumonia and did not like to use the thickener and family was agreeable with him not using it. -On 6-14-19 it was noted Tenant #1 had rattling in the lower lungs and the physician was notified. A new order was received for Augmentin 875/125 milligram (mg) every 12 hours for 10 days. -On 6-28-19 it was noted family accompanied him to an appointment. A chest x-ray was done due to aspiration pneumonia. Family would update the nurse on the results of the x-ray. -On 7-16-19 it was noted a fax was received from the physician to admit Tenant #1 to Hospice care. Further record review revealed a Clinical Summary from the hospital dated 5-20-19 reflected Tenant #1 was admitted on 5-15-19 to	A 095		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP181	A. BUILDING _____ B. WING _____	07/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 095	Continued From Page 14 5-20-19 with a diagnosis of aspiration pneumonia. The transfer orders included: mechanical soft diet, nectar thickened liquids, aspiration precautions, slowly feed small bites/sips, no straws and one to one feeding assistance. The orders were noted on 5-20-19 at 10:00 a.m. by the Healthcare Coordinator. When interviewed on 7-22-19 at approximately 3:45 p.m. the Healthcare Coordinator said the Program did not offer therapeutic diets. Regarding the hospital transfers ordered indicated above, the Program did not use straws, Tenant #1 ate soft foods and Tenant #1's family member spoke with the physician and discontinued the order for thickened liquids. The Order Summary Report dated 5-30-19 did not reflect any diet orders. An order was not received to discontinue the discharge transfer diet orders from the hospital nor was any documented communication between the Program and the physician provided regarding the new diet orders received from the hospital. 2. Record review on 7-17-19 and 7-22-19 of Tenant #2's file revealed Tenant #2 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #2's diagnoses included: Alzheimer's disease and hemiplegia and hemiparesis following non-traumatic intracranial hemorrhage. Continued record review of June and July 2019 MARs reflected orders for Lorazepam give one tablet 0.5 milligram (mg) orally twice daily for anxiety and aggressive behaviors at 8:00 a.m. and 12:00 p.m. and Lorazepam give two tablets 0.5 mg orally at bedtime for anxiety and aggression at 8:00 p.m. There were 18 times the 12:00 p.m.	A 095		

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A 095	Continued From Page 15 dose was documented as not given, 16 times it was documented as other/see Progress Notes, once charted for sleeping and once charted as a refusal. Review of June Progress Notes indicated over 10 times when non-licensed staff charted it was not needed (the medication was a scheduled medication). The July 2019 MARs reflected 5 times it not given at 12:00 p.m. and charted as other/see Progress Notes. Review of July Progress Notes indicated twice it was documented as not needed by unlicensed staff. On 7-15-19 it was charted by unlicensed staff that it was not needed at that time per nurse. Further record review revealed Progress Notes dated 6-6-19 reflected the advanced registered nurse practitioner visited and observed crying moments and spoke with Tenant #2. Medication times would be adjusted to assist with moments of weeping that were typically in the mid-afternoon. Pharmacy was notified of the changes. Continued record review revealed Encounter-Office Visit Date of Service 6-6-19 revealed Tenant #2 had times she was very sad and cried. Tenant #2 had Ativan 0.5 mg twice during the day and 1 mg at bedtime. She often slept and would miss one of the doses of Ativan. The plan indicated nursing staff would schedule one of the 0.5 mg Ativan doses when she woke up and the second dose later in the afternoon. If a down mood continued the addition of Wellbutrin would be considered. The orders were not noted with time, date or signature. It had a fax date and time of 7-17-19 at 11:51 a.m. Review of the June and July MARs did not reflect Ativan medication time adjustment as ordered and the Encounter-Office Visit Date of Service 6-6-19 was not noted with time, date or signature.	A 095		

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A 095	Continued From Page 16	A 095		

3. Record review on 7-17-19 and 7-22-19 of Tenant #3's file revealed Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline. Diagnoses included: diabetes mellitus due to underlying condition, dementia without behavioral disturbance, cellulitis, open wound on the right lower leg and chronic atrial fibrillation.

Continued record review revealed Progress Notes indicated the following:

-On 6-1-19 it was noted Tenant #3 had excessive swelling to bilateral lower extremities. It was weeping through the skin, she was more sleepy and more confused. Tenant #3 was transferred to the hospital.

-On 6-2-19 it was noted Tenant #3 was admitted to the hospital.

-On 6-6-19 it was noted Tenant #3 was discharged from the hospital and orders included: wound care to lower legs, cleanse with normal saline, apply moistened Hydrofera Blue to the wound bed, and cover with a foam border. Change every other day and as needed.

-On 6-12-19 it was noted Tenant #3 had an appointment at the wound center and orders included: to leave four layer wraps on the right leg in place and dry, two layer spandagrip on the left leg and to leave on as much as possible and Iodosorb dressing to be changed every other day.

-On 6-19-19 it was noted Tenant #3 had an appointment at the wound center and orders were received for the bilateral four layer wraps to leave in place, call if they slipped down, keep dry and cover with a shower and return in one week

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A 095	Continued From Page 17	A 095		

-On 6-26-19 it was noted Tenant #3 had an appointment at the wound center and bilateral lower wraps were applied. Orders were received to leave in place until the next appointment, call if they fell down and keep dry/cover for a shower.

-On 7-3-19 it was noted Tenant #3 had an appointment at the wound center and the following orders were received: blue 20-30 mmHG Jobst stocking on the left lower extremity, wrap on the right lower extremity would remain in place, remove stocking on the left at bedtime and replace in the morning.

-On 7-11-19 it was noted Tenant #3 had an appointment at the wound center and the following orders were received: compression stockings in place, on every morning and off at bedtime. For the left leg ulcer dress with Silvasorb, gauze and kling daily. Apply a double layer of spandagrip to the right lower extremity on in the morning and off at bedtime. The next appointment was scheduled for 8-8-19.

Review of the orders for 6-6-19, 6-12-19, 6-19-19, 6-26-19 and 7-3-19 revealed they were noted with date and signature; however, none of the orders were noted with time. The order on 7-11-19 was not noted with time, date or signature.

June 2019 MARs reflected the order dated 6-6-19 to cleanse bilateral leg wounds with normal saline, moistened Hydrofera Blue to the wound bed, and cover with a foam border. Change every other day and as needed was not transcribed to the MAR and documented as completed until 6-11-19. It was documented as completed every other day until 6-21-19 when it charted as refused.

The order dated 6-12-19 for two layer spandagrip

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A 095	Continued From Page 18 on the left leg and to leave on as much as possible and Iodosorb dressing to be changed every other day was not transcribed on the June MARs and was not documented as completed. The orders dated 7-11-19 for the left leg ulcer dress with Silvasorb, gauze and kling daily. Apply a double layer of spandagrip to the right lower extremity on in the morning and off at bedtime were not transcribed on the July MARs and were not documented as completed. 4. When interviewed on 7-22-19 at the time of the exit meeting the Healthcare Coordinator revealed all current orders requested were provided with the exception of the 7-11-19 (for Tenant #3) and a telephone call was placed to the clinic for clarification.	A 095		

DK 10/21/19

Country Meadow Place

10/21/19

Recertification Visit

Plan of Correction (POC) Submitted For:

- Investigation Date: July 16th- July 22nd, 2019

A. 481—67.3(2) To receive care, treatment and services which are adequate and appropriate.

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. All three tenants reviewed, and MAR was updated to follow physician orders on 7/23/19.

2. Actions program taking to protect tenants in similar situations:

a. Review and training provided to staff at Inservice on 8/9/19 to give medications as ordered or to notify nurse and nurse will document reason why not given.
b. The program RN will be completing random audits weekly x4 weeks, randomly thereafter to ensure current physician orders are followed

3. Measures taken to ensure problem does not recur:

a. Program Nurse to review current orders every 30 days.

B. 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.

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:**
   a. ISP for each of the 5 residents will be updated to reflect the needed assistance for each by 8/22/19
2. **Actions program taking to protect tenants in similar situations:**
   a. Residents will have comprehensive assessment and ISP will reflect current needs.
   b. For all existing residents, ISPs will be reviewed and current assistance levels by 8/22/19.
   c. Comprehensive assessments and ISP updates will be done as resident assistance levels change
3. **Measures taken to ensure problem does not recur:**
   a. Previous program RN was terminated.

   b. Upon move-in, program RN will complete a comprehensive assessment and ISP will reflect current needs

C. 481—69.27(231C) Nurse review.

69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: *b.* To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program;

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. All three tenants reviewed, and MAR was updated to follow physician orders on 7/23/19.

2. Actions program taking to protect tenants in similar situations:

a. Review and training provided to staff at Inservice on 8/9/19 to give medications as ordered or to notify nurse and nurse will document reason why not given.
b. The program RN will be completing random audits weekly x4 weeks, randomly thereafter to ensure current physician orders are followed

3. Measures taken to ensure problem does not recur:

b. Program Nurse to review current orders every 30 days.

The Program will be in substantial compliance by 8/22/2019.

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law