

✓ 10/24/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAALP348 HFD</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>EAGLE POINTE PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002</b>		
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A 000	<p><b>Initial Comments</b></p> <p>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.</p> <p>Number of tenants without cognitive disorder: 57 Number of tenants with cognitive disorder: 0</p> <p>TOTAL census of Assisted Living Program: 57</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000	<p>See Attached</p> <p>POC 10/14/19</p>	
A 037	<p><b>481-69.22(2) Evaluation of Tenant</b></p> <p>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.</p> <p>This Requirement is not met as evidenced by: Based on interview and record review the</p>	A 037		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 037	<p>Continued From Page 1</p> <p>Program failed to complete evaluations within 30 days of occupancy and as needed with significant change. This pertained to 2 of 5 tenants reviewed (Tenants #2 and #4). Findings follow:</p> <p>1. Record review on 8-14-19 of Tenant #2's file revealed an admission date of 12-1-18. Evaluations completed within 30 days of taking occupancy could not be located.</p> <p>Record review on 8-14-19 of Tenant #4's file revealed an admission date of 1-25-19. Evaluations completed within 30 days of taking occupancy could not be located.</p> <p>When interviewed on 8-14-19 at 2:53 p.m. and 4:23 p.m. the Regional Director of Care Services revealed 30 day evaluations were not found related to the tenants indicated above.</p> <p>2. Continued record review revealed Resident Services Notes indicated the following:</p> <p>a. On 6-24-19 Tenant #4 returned from a clinic with new orders and a diagnosis of gout to the right hand. He was instructed to avoid foods rich in purine. Treatment included ice or warm compress to finger three times per day and as needed for comfort.</p> <p>b. On 7-3-19 a call was placed to Tenant #4's family regarding refusals for showers and not putting on the pendant to go to the bathroom. Staff would start checking with Tenant #4 every two hours to see if he wanted to go to the bathroom.</p> <p>c. On 7-10-19 an as needed order was received for hydrocortisone cream to lesions on Tenant #4's face.</p>	A 037			

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A 037	Continued From Page 2  d. On 7-27-19 staff reported excoriated areas on the left and right buttock. There were three small areas and a small amount of redness  e. On 7-31-19 Tenant #4 went to a doctor's appointment and returned with the following new orders: Cephalexin 500 milligram (mg), twice daily for seven days, Indocin 25 mg three times per day as needed for finger pain/swelling, soak the right middle finger in warm water and Epsom salts twice daily for 20 minutes and to encourage time in bed during the day to get pressure relief off the buttocks. Mepilex covering, change every three days to buttock skin lesions and for review of the wheelchair setting was also ordered. A call was placed to therapy to request an occupational therapy (OT) evaluation for wheelchair positioning.  f. On 8-1-19 a discussion with Tenant #4 was noted. It was discussed with Tenant #4 he needed to put his pendant on when he needed to go to the bathroom or when he was incontinent. Tenant #4 had not been putting on his pendant or had been refusing offers to go to the bathroom at times. Tenant #4 also at times refused showers.  4. Further record review revealed evaluations were most recently completed on 6-12-19. Evaluations were not completed as needed with a significant change in condition including for a diagnosis of gout with dietary recommendation and new orders and treatments, treatment for lesions on his face, refusals of cares, excoriated areas on the buttocks with new orders and treatment and OT services.	A 037		
A 058	481-67.9(4)a Staffing  481-67.9(231B,231C,231D) Staffing.	A 058		

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A 058	<p>Continued From Page 3</p> <p>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> <p>a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.</p> <p>This Requirement is not met as evidenced by: Based on interview and record review the Program failed to document a review to ensure staff were sufficiently trained and competent within 60 days of the newly hired nurse. This pertained to 2 of 2 direct care staff reviewed that were hired prior to the nurse (Staff B and E). Findings follow:</p> <p>Record review of the ALP Monitoring Form revealed the Nurse (delegating nurse) was hired on 4-1-19.</p> <p>Continued record review revealed Staff B, a Resident Care Partner (RCP), was hired on 2-7-19. Training on tasks including: activities of daily living (ADLs), vitals, mobility assistance and transfer assistance was documented by the Nurse on 7-3-19, which was greater than 60 days from the Nurse's hire date.</p> <p>Record review revealed Staff E, a RCP, was hired on 9-25-18. Training on ADLs and vitals was dated 7-2-19. Training completed on 7-2-19 did not include all tasks, such as: mobility, transfers,</p>		A 058		

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A 058	Continued From Page 4  gait belts, anti-embolism hose and catheter care.  Additional record review revealed Staff E had a Medication Pass Competency Checklist dated 7-8-19; however, did not any have delegations for medication delegated tasks including: oral medications, eye drops, nasal sprays, nebulizers, inhalers, blood sugars and insulin.  When interviewed on 8-14-19 at 3:47 p.m. the Executive Director revealed Staff E began to administer medications in July of 2019.	A 058		
A 059	481-67.9(4)b Staffing  481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).  This Requirement is not met as evidenced by: Based on interview and record review the Program failed to provide training on tasks within 30 days of employment. This pertained to 1 of 2 direct care staff reviewed that were hired after the Nurse (Staff C). Findings follow:  Record review on 8-14-19 revealed Staff C, a Resident Care Partner, was hired on 7-2-19. Training, including on activities of daily living,	A 059		

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A 059	Continued From Page 5  mobility, transfers, gait belt and vitals, was dated 7-31-19. Training completed did not include catheter care and anti-embolism hose. Staff C had a Medication Pass Competency Checklist dated 7-5-19; however, did not any have delegations for medication delegated tasks including: oral medications, eye drops, nasal sprays, nebulizers, inhalers, blood sugars and insulin.  When interviewed on 8-14-19 at 3:47 p.m. the Executive Director revealed all nurse delegation documents available for the staff noted above was provided.	A 059		
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 update service plans as needed and failed to ensure service plans reflected the identified needs of tenants. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow:  1. Record review on 8-14-19 of Tenant #1's file	A 083		

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A 083	<p>Continued From Page 6</p> <p>revealed a diagnosis of insulin dependent diabetes mellitus.</p> <p>Resident Services Notes dated 6-19-19 reflected a telephone order to hold morning insulin if Tenant #1 did not eat breakfast.</p> <p>Tenant #1's service plan dated 6-18-19 reflected staff provided reminders and supervision of her taking her insulin. The service plan was not updated and did not reflect to hold morning insulin if Tenant #1 did not eat breakfast.</p> <p>2. Record review on 8-14-19 of Tenant #2's file revealed Resident Services Notes indicated the following:</p> <p>a. On 7-20-19 it was noted Tenant #2 went to outpatient therapy three times per week for physical therapy (PT). Tenant #2's legs were wrapped at PT for lymphedema.</p> <p>b. On 7-29-19 it was noted the edema from Tenant #2's legs had improved and Tenant #2's legs would be measured for compression hose</p> <p>c. On 8-1-19 a new order was received for compression stockings.</p> <p>Continued record review revealed Tenant #2's service plan dated 7-16-19 reflected Tenant #2 wore ace wraps to the lower legs. They were applied by the physical therapist at therapy (three times per week). Staff would remove them before showers Monday and Friday before therapy. Staff would not remove them any other time. The service plan was not updated as needed and did not reflect the change from leg wraps to compression hose.</p>	A 083			

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A 083	<p>Continued From Page 7</p> <p>3. Record review on 8-14-19 of Tenant #3's file revealed Resident Services Notes indicated the following:</p> <p>a. On 6-14-19 it was noted Tenant #3 refused her bedtime medications and said she could not take them. Tenant #3 was reapproached at 8:00 p.m. refused.</p> <p>b. On 7-2-19 it was noted Tenant #3's lower conjunctiva was red. Tenant #3 denied pain to the right eye but rubbed her eyes routinely.</p> <p>c. On 7-8-19 it was noted Tenant #3 returned from a doctor's appointment with a new order for an eye lubricant ointment to her right eye three times daily and triple antibiotic ointment as needed for facial lesions.</p> <p>Continued record review revealed the service plan dated 6-18-19 was not updated as needed and did not reflect the medication refusal, right eye issues with treatment, and treatment for facial lesions.</p> <p>4. Record review of Tenant #4's file revealed Resident Services Notes indicated the following:</p> <p>a. On 6-24-19 it was noted Tenant #4 returned from the clinic with new orders and a diagnosis of gout to the right hand. He was to avoid foods rich in purine and treatment included ice or warm compress to finger three times per day and as needed for comfort.</p> <p>b. On 7-3-19 it was noted a call was placed to Tenant #4's family regarding refusals for showers and not putting on the pendant to go to the bathroom. Staff would start checking with Tenant #4 every two hours to see if he wanted to go to the bathroom.</p>	A 083			

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A 083	<p>Continued From Page 8</p> <p>c. On 7-10-19 it was noted an as needed order was received for hydrocortisone cream to lesions on Tenant #4's face.</p> <p>d. On 7-27-19 it was noted staff reported excoriated areas on the left and right buttock. There were three small areas and a small amount of redness</p> <p>e. On 7-31-19 it was noted Tenant #4 went to a doctor's appointment and returned with the following new orders: Cephalexin 500 milligram (mg), twice daily for seven days, Indocin 25 mg three times per day as needed for finger pain/swelling, soak the right middle finger in warm water and Epsom salts twice daily for 20 minutes and to encourage time in bed during the day to get pressure relief off the buttocks. Mepilex covering, change every three days to buttock skin lesions and for review of the wheelchair setting was also ordered. A call was placed to therapy to request an occupational therapy (OT) evaluation for wheelchair positioning.</p> <p>f. On 8-1-19 it was noted it was discussed with Tenant #4 that he needed to put his pendant on when he needed to go to the bathroom or when he was incontinent. Tenant #4 had not been putting on his pendant or had been refusing offers to go to the bathroom at times. Tenant #4 also at times refused showers.</p> <p>Continued record review revealed the service plan was most recently updated on 6-17-19. The service plan was not updated as needed with a significant change in condition and did not reflect the following: a diagnosis of gout with dietary recommendation and new orders and treatments, treatment for lesions on his face, refusals of cares, excoriated areas on the buttocks with new</p>	A 083			

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A 083	Continued From Page 9  orders and treatment and OT services.  5. Record review on 8-14-19 of Tenant #5's file revealed a Wellness Baseline evaluation signed by the Nurse on 6-25-19 reflected Tenant #5 had two open areas, one near the coccyx. The evaluation indicated it was "ongoing" and "not new."  Continued record review revealed the service plans dated 6-24-19 and 8-10-19 did not reflect the open areas.  6. When interviewed on 8-14-19 at 3:47 p.m. the Executive Director revealed all the current service plans documents for the tenants indicated above were provided.	A 083			
A 096	481-69.27(1)c 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)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 096			

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A 096	Continued From Page 10  This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews every 90 days. This pertained 4 of 4 tenants reviewed (Tenants #1, #2, #3, and #4 ). Findings follow:  1. Record review on 8-14-19 of Tenant #1's file revealed Tenant #1 admitted to the Program 3/28/18. Continued record review revealed 90 day nurse reviews could not be located.  2. Record review on 8-14-19 of Tenant #2's file revealed Tenant #2 admitted to the Program 12/1/18. Continued record review revealed 90 day nurse reviews could not be located.  3. Record review on 8-14-19 of Tenant #3's file revealed 90 day nurse reviews could not be located.  4. Record review on 8-14-19 of Tenant #4's file revealed Tenant #4 admitted to the Program 1-25-19. Additional record review revealed a quarterly assessment dated 6-12-19. A 90 day nurse review prior to 6-12-19 could not be located. A nurse review was not completed every 90 days.  5. When interviewed on 8-14-19 at 2:39 p.m. the Regional Director of Care Services reported if a nurse review fell in the timeframe between January 2019 and April 2019 it was not completed.	A 096		
A 104	481-69.28(5) Food Service  481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an	A 104		

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A 104	<p>Continued From Page 11</p> <p>orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection.</p> <p>This Requirement is not met as evidenced by: Based on interview and record review the Program failed to provide an orientation on sanitation and safe food handling prior to handling food for 4 of 5 staff reviewed that served or prepared food (Staff A, B, D, and E). Findings follow:</p> <ol style="list-style-type: none"> <li>1. Record review on 8-13-19 of Staff A's training documents indicated Staff A was hired on 6-20-19. Orientation regarding sanitization and safe food handling prior to handling food could not be located.</li> <li>2. Record review on 8-13-19 of Staff B's training documents indicated Staff B was hired on 2-7-19. Orientation regarding sanitization and safe food handling prior to handling food could not be located.</li> <li>3. Record review on 8-13-19 of Staff D's training documents indicated Staff D was hired on 7-8-19. Orientation regarding sanitization and safe food handling prior to handling food could not be located.</li> <li>4. Record review on 8-13-19 of Staff E's training documents Staff E was hired on 9-25-18. Orientation regarding sanitization and safe food handling prior to handling food could not be located.</li> <li>5. When interviewed on 8-14-19 at 3:47 p.m. the Executive Director revealed staff signed vomiting and diarrhea procedures and a Conditional Employee and Food Employee Interview. She</li> </ol>	A 104			

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A 104	Continued From Page 12  confirmed Staff A, B, D and E served food and did not have additional training on food safety and sanitation.	A 104			
A 147	481-67.5(6)d Medications  481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.  This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently administer medications and physician ordered treatments as prescribed. This affected 4 of 5 tenants reviewed (Tenants #1, #2, #3 and #5). Findings follow:  1. Record review on 8-14-19 revealed Tenant #1's diagnosis of insulin dependent diabetes mellitus. Tenant #1's service plan dated 6-18-19 reflected staff provided reminders and supervision of Tenant #1 taking her insulin. Staff reminded her to check her blood sugar four times per day, observed her doing the task and record the results on the medication administration record (MAR). She dialed up and injected the insulin; however, was non-compliant at times for the sliding scale insulin.  Further record review revealed the July 2019 MARs indicated insulin and blood glucose assistance was not documented as completed per order. The July 2019 MARs indicated the	A 147			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAALP348 HFD</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/14/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>EAGLE POINTE PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002</b>		
(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 147	<p>Continued From Page 13</p> <p>following:</p> <p>a. Blood glucose monitoring four times per day (watch and record) was not documented as completed nine times. The Blood Glucose Monitoring sheet where staff recorded the actual readings indicated over 20 readings were not documented.</p> <p>b. Humalog 100 units/milliliters (ml) 10 ml, 6 units subcutaneously (SQ) three times daily with meals (held if blood glucose was less than 70) was not documented as administered 10 times.</p> <p>Humalog was documented with staff initials at 7:00 a.m. on 7-1-19 (blood glucose was 59), 7-4-19 (blood glucose was 69), 7-5-19 (blood glucose was 63), 7-27-19 (blood glucose was 60) and 7-28-19 (blood glucose was 57). It was to be held with blood glucose readings 70 or less.</p> <p>c. Humalog 100 units/ml, give per sliding scale SQ four times per day was ordered and the MARs reflected 7:00 a.m. (site, units) 11:00 a.m. (site, units) and 4:00 p.m. (site, units). The fourth time as ordered was not reflected on the MAR in July. June 2019 MARs reflected 7:00 a.m., 11:00 a.m., 4:00 p.m. and 8:00 p.m. for the sliding scale insulin.</p> <p>The sliding scale indicated blood sugars of 0-199 there were no units to be given, 200-300; 2 units, 301-350; 4 units, 351-400; 6 units and over 400; 10 units. Blood sugars documented on the Blood Glucose Monitoring sheet reflected only one reading in July over 200, which was 214 on 7-3-19 before dinner.</p> <p>Staff documented their initials for the sliding scale insulin at 7:00 a.m. for all days in July; however, the units of insulin administered was not consistently documented. There were over 15</p>	A 147			

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A 147	<p>Continued From Page 14</p> <p>entries where staff did not indicate on the MAR the number of units given or not given; however, staff initialed for the sliding scale insulin. There were eight times staff recorded six units of the sliding scale insulin, which was not per the sliding scale order based on the blood glucose readings. (Tenant #1 received six units of scheduled insulin with meals).</p> <p>Staff documented their initials for sliding scale insulin 17 times at 11:00 a.m. in July. There were six entries documented for the sliding scale units given or not given, despite 17 times staff initialed. There were five times staff recorded six units of the sliding scale insulin, which was not per the sliding scale order based on the blood glucose readings. (Tenant #1 received six units of scheduled insulin with meals.)</p> <p>Staff documented their initials for sliding scale insulin 25 times at 4:00 p.m. in July. There were 16 entries documented for the sliding scale units given or not given, despite 25 times staff initialed. There were over 10 times staff recorded six units of the sliding scale insulin, which was not per the sliding scale order and blood glucose readings. (Tenant #1 received six units of scheduled insulin with meals.)</p> <p>The fourth ordered time for the sliding scale insulin as indicated in the order at 8:00 p.m. was not transcribed on the MAR and was not documented per order.</p> <p>2. Record review on 8-14-19 of Tenant #2's file revealed the July 2019 MARs indicated medications were not documented as given. The July 2019 MARs indicated the following:</p> <p>a. Rosuvastatin 40 mg, one tablet daily at</p>	A 147			

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A 147	<p>Continued From Page 15</p> <p>bedtime was not documented as given at 8:00 p.m. on 7-25-19 and 7-30-19.</p> <p>b. Donepezil 5 mg, one tablet daily at bedtime was not documented as given at 8:00 p.m. on 7-25-19 and 7-30-19.</p> <p>c. Mirtazapine 7.5 mg, one tablet daily at bedtime was not documented as given on 7-25-19 and 7-30-19.</p> <p>d. Alendronate 70 mg, one tablet weekly on Saturdays was not documented as given at 7:00 a.m. on 7-27-19.</p> <p>3. Record review on 8-14-19 of Tenant #3's file revealed the July 2019 MARs indicated medications were not documented as given. The July 2019 MARs reflected the following:</p> <p>a. Lubricating ointment to right eye three times daily was not documented as completed at 2:00 p.m. on 7-30-19.</p> <p>b. Loratadine 10 mg tablet, one tablet once daily was not documented as given at 8:00 a.m. on 7-31-19.</p> <p>4. Record review on 8-14-19 of Tenant #5's file revealed the July 2019 MARs indicated medications were not documented as given. The July 2019 MARs reflected the following:</p> <p>a. Diltiazem ER, one 120 mg capsule at bedtime was not documented as administered on 7-7-19, 7-10-19, 7-15-19, 7-16-19, 7-20-19 and 7-21-19.</p> <p>b. Duloxetine 30 mg capsule, one capsule at bedtime was not documented as administered on 7-7-19, 7-15-19, 7-16-19, 7-20-19 and 7-21-19.</p> <p>c. Potassium CL ER 10 MEQ, one tablet daily was not documented as administered at 8:00 a.m. on 7-4-19.</p> <p>d. Prednisolone AC 1% eye drop, one drop into</p>	A 147			

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A 147	Continued From Page 16  the left eye at bedtime was not documented as completed on 7-15-19, 7-16-19, 7-17-19, 7-20-19 and 7-21-19. e. Probiotic Formula, one capsule daily with lunch was not documented as administered at 12:00 p.m. on 7-22-19. f. Eliquis 5 mg, one tablet twice daily was not documented as administered at 4:00 p.m. on 7-14-19. g. Albuterol 0.83%, one vial via nebulizer four times per day and as needed was not documented as completed at 4:00 p.m. on 7-8-19 and at 8:00 p.m. on 7-16-19 and 7-20-19. h. Cefuroxime axetil 250 mg, one tablet twice daily for 10 days was not documented as administered at 8:00 p.m. on 7-21-19. i. Questran packet 1 gram with water/juice (4- 8 ounces) twice daily for 14 days was not documented as completed at 8:00 p.m. on 7-21-19.  5. When interviewed on 8-14-19 at 3:47 p.m. the Executive Director revealed Staff A completed MAR audits. All the tenants indicated above received staff assistance with medications; however Tenant #1 took her oral medications independently.	A 147			
A 154	481-69.35(1)b Structural Requirements  481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.  This Requirement is not met as evidenced by: Based on observation, interview and record review the Program failed to maintain a well-maintained, clean and sanitary building. This potentially	A 154			

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A 154	<p>Continued From Page 17</p> <p>affected all tenants (census of 57). Findings follow:</p> <ol style="list-style-type: none"> <li>1. A community meeting with 15 tenants was held on 8-13-19 at 1:30 p.m. The tenants voiced concerns with the lack of cleanliness in common areas including: hallways not being vacuumed and food and tissues observed on the floor in the dining room. There was also a concern shared regarding lack of garbage pick up in the apartments.</li> <li>2. Observation on 8-14-19 at approximately 11:50 a.m. revealed the hallways of the Program contained small debris on the floors throughout the common areas including the stairway and hallways on both first and second floors. There was also an area of drywall in need of repair outside of the one of the apartments on second floor.</li> <li>3. When interviewed on 8-13-19 at 1:15 p.m. Staff F there was supposed to be three staff on first shift; however, approximately four of seven days per week there was only two staff on first shift.</li> <li>4. Record review revealed The ALP Monitoring Entrance Form indicated the staffing ratio was three staff, resident care partners (RCP), on first shift. Review of the August 2019 scheduled reflected eight open RCP shifts from 6:00 a.m. to 2:00 p.m. from 8-1-19 to 8-14-19.</li> <li>5. Continued record review on 8-14-19 revealed the RCP Cleaning Log for August 2019 revealed day shift had tasks including: clean the assisted living bathrooms, dust/clean/vacuum first floor lounges and dust/clean/vacuum first floor halls. From 8-1-19 to 8-14-19 five times the assisted living bathrooms were recorded as cleaned, first floor lounges were recorded as cleaned twice and</li> </ol>	A 154		

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A 154	Continued From Page 18  there was no documentation of the hallway cleaning on first floor. Evening shift had tasks including: assisting living trash rooms/trash cans, clean laundry rooms, dust/clean/vacuum second floor lounges and dust/clean/vacuum second floor halls. From 8-1-19 to 8-13-19 (documented collected prior to the end of the evening shift on 8-14-19) there were four times the garbage removal was recorded, eight times laundry rooms were recorded as cleaned and there were no entries recorded for the cleaning of the lounges or hallways on second floor.  6. When interviewed on 8-14-19 at 3:47 p.m. the Executive Director revealed direct care staff were responsible to clean the common areas on the assisted living side of the building.	A 154			
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 dated by all parties.  This Requirement is not met as evidenced by: Based on interview and record review the Program failed to update the service plans within 30 days of taking occupancy. This pertained to 2 of 3 tenants reviewed residing at the Program for less than one year (Tenants #2 and #4). Findings follow:	A 224			

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A 224	Continued From Page 19  1. Record review of Tenant #2's file revealed an admission date of 12-1-18. An Assessment and Negotiated Service Plan Summary with review range of 12-28-18 to 12-31-18 indicated it was a 30 day service plan. The document was not signed. A service plan was not updated within 30 days of taking occupancy that was signed and dated by all parties.  2. Record review of Tenant #4's file revealed an admission date of 1-25-19. Additional record review failed to product a service plan updated within 30 days of taking occupancy.  3. When interviewed on 8-14-19 at 2:53 p.m. and 4:23 p.m. the Regional Director of Care Services revealed the 30 day service plan for Tenant #2 was provided and a service plan within 30 days of taking occupancy was not found for Tenant #4.	A 224		

✓ 10/21/19 OK 10/21/19

September 30, 2019

Ms. Linda Kellen, Program Coordinator

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12<sup>th</sup> Street

Des Moines, IA 50319-0083

RE: Eagle Pointe Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Re-Certification Monitoring Evaluation Report at Eagle Pointe Place which was conducted on August 13<sup>th</sup>-August 14<sup>th</sup>, 2019. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be constructed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-69.22(2) – Evaluation of Tenant

- The Regional Director of Care Services re-educated the ED and CSM on the requirements of 30 day assessments and change of condition assessments. This was completed on 9/27/19.
- Tenant #2 30 day evaluation cannot be corrected. Last assessment completed on 07/16/2019 which reflects the current functional, Cognitive and health status.
- Tenant #4 30 day or Change of condition cannot be corrected. New assessment completed on 09/14/2019 which reflects the current functional, Cognitive and health status.
- The ED/CSM and/or designee will conduct an audit of 30 day service plans and change of condition service plans. This will be done monthly for two months and then quarterly for two quarters. This audit will be on 7 residents.

IAC r 481-67.9(4)a – Staffing

- The Regional Director of Care Service re-educated the ED and CSM on the requirements of RN delegations within 60 days of the RN starting. This was completed on 9/27/19.
- Staff B delegations is no longer employed at Eagle Pointe Place.
- Staff E delegations were completed on 08/16/2019.
- The ED/CSM and/or designee will conduct an audit of RN delegations of new hires. This will be done monthly for two months and then quarterly for two quarters.

**IAC r 481-67.9(4)b – Staffing**

- The Regional Director of Care Services re-educated the ED and CSM on the requirements of RN delegations for care staff within 30 days of hire. This was completed on 9/27/19.
- Staff C delegations were completed on 08/16/2019 RN delegations of new hires. This will be done monthly for two months and then quarterly for two quarters.

**IAC r 481.69.26(1) – Service Plans**

- The Regional Director of Care Services re-educated the ED and CSM on the requirements of having individualized and updated service plans. This was completed on 9/27/19.
- ED and CSM will review service plans for all current tenants and individualize them as needed by 10/14/2019.
- Tenant #1: All current Insulin orders have been included on service plan on 10/1/2019
- Tenant #2 changes from leg wraps to compression stockings was made on service plan on 08/16/2019
- Tenant #3 The refusal of medications issue has resolved and has not been added to her service plan. The lesions on her face have resolved and treatment order discontinued so this was not added to her service plan. Diagnosis of Ectropion OD and approached related to it were added to her service plan on 9/15/2019.
- Tenant #4 On 9/14, diagnosis of gout, refusal of cares and excoriation on buttocks was added to service plan. The treatments for gout have been discontinued and there were no recommendations made for dietary changes. He did not have any lesions on his face at the time of survey. Since that time, he developed a dryness on his ears and around his mouth that had a treatment ordered which was placed on the service plan and removed when d/c'd.
- Tenant #5 cannot be corrected with no negative effects related to this finding. When assessed on 8/7/2019, RN documented skin was intact so there was no treatment/note put on that service plan.
- The ED/CSM and/or designee will conduct an audit of change of condition service plans. This will be done monthly for two months and then quarterly for two quarters.

**IAC r 481-69.27(1)c – Nurse Review**

- The Regional Director of Care Services re-educated the ED and CSM on the requirements of having a 90 day nurse review. This was done on 9/27/19.
- Tenant #1 cannot be corrected with no negative effects related to this finding. A 90 day review was completed on 9/27/2017.
- Tenant #2 cannot be corrected with no negative effects related to this finding. A 90 day review was completed on 10/2/2019
- Tenant #3 cannot be corrected with no negative effects related to this finding. A 90 day review was completed on 9/13/2019
- Tenant #4 cannot be corrected with no negative effects related to this finding. A 90 day review was completed on 09/12/2019

- The ED/CSM and/or designee will conduct an audit of 90 day nurse reviews. This will be done monthly for two months and then quarterly for two quarters.

#### **IAC r 481-69.28(5) – Food Service**

- The Regional Director of Care Services re-educated the ED and CSM on the requirements of staff having food safety training upon hire. This was completed on 9/27/19.
- Staff A training was completed on 8/21/2019.
- Staff B is no longer employed at EPP
- Staff D is no longer employed at EPP
- Staff E training was completed on 8/21/2019
- The ED/CSM and/or designee will conduct an audit of initial food safety training on new hires. This will be done monthly for two months and then quarterly for two quarters.

#### **IAC r 481.67(6)d – Medications**

- The ED and CSM re-educated medication managers on the responsibility of completing documentation on residents MAR's. This was completed on 8/21/2019.
- Tenant #1 areas cannot be corrected. Suffered no negative affects related to these findings.
- Tenant #2 areas cannot be corrected. Suffered no negative affects related to these findings.
- Tenant #3 areas cannot be corrected. Suffered no negative affects related to these findings.
- Tenant #5 areas cannot be corrected. Suffered no negative affects related to these findings.
- The ED/CSM and/or designee will conduct an audit for accurate documentation in the MAR for 5 residents weekly for 8 weeks and then 2x a month for 1 month. Audits to be reviewed at monthly QI. Audits will continue based on sustained compliance.

#### **IAC r 481-69.35(1)b – Structural Requirements**

- The ED re-educated staff on appropriateness of cleanliness in the community and documentation of completion of cleaning duties.. This was done on 8/21/2019.
- Maintenance department will now be vacuuming all hallways weekly.
- The dietary department will check floors in dining room for food chunks, Kleenexes, etc after breakfast and lunch and caregivers will vacuum dining room each night.

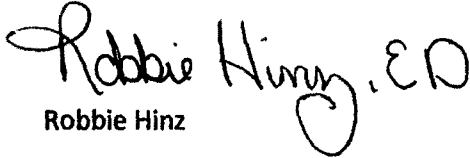
#### **IAC r 481-26(3)d – Service Plans**

- The Regional Director of Care Services re-educated the ED and CSM on the requirements of signatures on service plans. This happened on 9/27/19.
- Tenant #2 30 day evaluation cannot be corrected. Last assessment completed on 10/2/2019 which reflects the current functional, Cognitive and health status.
- Tenant #4 30 day or Change of condition cannot be corrected. New assessment completed on 9/12/2019 which reflects the current functional, Cognitive and health status.

- The ED/CSM and/or designee will conduct an audit of 30 day service plans for signature and date. This will be done monthly for two months and then quarterly for two quarters. This audit will include 7 residents.

Date of completion for the Plan of Correction is October 14<sup>th</sup>, 2019.

Sincerely,

Handwritten signature of Robbie Hinz, ED. The signature is written in black ink and includes the initials "ED" at the end.

Robbie Hinz

Executive Director/Eagle Pointe Place