1/1/20

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
	S0326	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS AT PRAIRIE TRAIL ALP/D	1275 SW STATE STREET ANKENY, IA 50023

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 Total Census of Assisted Living Program for People with Dementia: 10 The following regulatory insufficiencies were cited during the investigation of Complaint #86552-C:	A 000	Plan of Correction is attached DH	

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

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A 003	Continued From page 1	A 003		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the consistently follow the Fall Reduction Program and Incident Reporting Policies were followed for 2 of 6 tenants reviewed (Tenants #1 and #2). Finding follows: 1. Record review on 11/21/19 and 11/27/19 revealed two Resident Incident Management Reports (RIMR) dated 7/24/19 at 11:15 a.m. and 2:15 p.m. regarding Tenant #1. According to the 11:15 a.m. report, staff heard a loud noise and found Tenant #1 lying on the bathroom floor with half his body in the shower. Staff called the Director of Nursing and they assisted Tenant #1 up. The 2:15 p.m. report noted staff found Tenant #1 on the floor in the living room area in front of a chair. The tenant said he did not hit his head. It was noted an order would be obtained from the	A 003		

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A 003	Continued From page 2 ARNP (Advanced Registered Nurse Practioner) for urine to be checked by lab. Record review on 12/2/19 revealed Tenant #1's Global Deterioration Scale dated 3/28/19 indicated severe cognitive decline (moderately severe dementia). During an interview on 11/21/19 at 3:15 p.m. the DON said she wasn't sure she was at the Program the day Tenant #1 fell. Once she reviewed the RIMR she confirmed she had assisted Staff A in getting Tenant #1 up and into a chair. When interviewed on 11/21/19 at 3:15 p.m. the DON and Registered Nurse (RN) A confirmed Tenant #1 had two unwitnessed falls on 7/24/19 and Tenant #1 had a severe cognitive decline (moderately severe dementia). They further confirmed Tenant #1 did not receive an x-ray of his back until 8/5/19. On 8/7/19 a second x-ray was obtained but the tenant went to the ER before it was read. At the ER he was diagnosed with an L1 compression fracture. Review of the Program's Risk Management Accident/Incident Reporting Policy on 12/2/19 revealed the following was to happen whenever an accident/incident occurred: "Immediate care is provided to the resident, employees, visitors, vendors, etc, including an assessment of vital signs and possible injuries." Record review on 12/2/19 revealed the DON reviewed and signed off on the RIMR that stated she assisted Tenant #1 up off the floor after an unwitnessed fall at 11:15 a.m. The RIMR lacked documentation of any vitals being taken as required by policy.	A 003		

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A 003	Continued From page 3 2. Record review on 12/2/19 revealed a RIMR for Tenant #2 dated 8/2/19. According to the RIMR Tenant #2 lost her balance and fell hitting her head on the closet. There was a small bump on the back of her head which was not bleeding. Her pulse and blood pressure were taken. No first aid was administered and the tenant was not taken to the hospital. One of the tenant's daughters, who was listed as Responsible Party and Financial Power of Attorney, was called but did not answer and staff left a voicemail. No further attempts to contact the daughter were noted. A second daughter, who was listed as Medical Power of Attorney was not called. The tenant's primary care provider was not notified of the fall until 8/5/19 in the morning. Record review on 12/2/19 revealed the Program's Fall Reduction Program. According to procedures listed, "All residents who fall and hit their head should be sent out for evaluation, unless they are on Hospice Care and the Hospice provider should be notified and they will make the decision with the family as to whether the community should send the resident to the hospital for evaluation. There are situations when the resident/resident family or responsible party may not want the resident transferred out. In that situation the resident/resident family or responsible party must sign the Emergency Transport Refusal Form (WRC-RM-F030). If the resident/responsible party or family is not available to sign the form at the time of potential transfer, a call must be made to the responsible party with 2 nurses on the phone to acknowledge the conversation and document with their signature on the Emergency Transport Refusal form (WRC-RM-F030)."	A 003		

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A 003	Continued From page 4 In summary, the tenant was not sent out for evaluation per its policy. There was no indication the tenant's family did not want her sent out for evaluation as the Program was unable to reach the tenant's daughter to make that decision.	A 003		
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 consistently provide care, treatment and services which were adequate and appropriate for 1 of 6 tenants reviewed (Tenant#1). Finding follows: Record review on 11/21/19 and 11/27/19 revealed two Resident Incident Management Reports (RIMR) dated 7/24/19 at 11:15 a.m. and 2:15 p.m. regarding Tenant #1. According to the 11:15 a.m. report, staff heard a loud noise and found Tenant #1 lying half in the shower and half out. Staff called the Director of Nursing and they assisted Tenant #1 up. The 2:15 p.m. report noted staff found Tenant #1 on the floor in the living room area in front of a chair. The tenant said he did not hit his head. It was noted an order would be obtained from the ARNP (Advanced Registered Nurse Practioner) for urine to be	A 013		

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A 013	Continued From page 5 checked by lab. Record review on 12/2/19 revealed Tenant #1's Global Deterioration Scale dated 3/28/19 indicated severe cognitive decline (moderately severe dementia). Further review of Tenant #1's Progress Notes revealed the following entries: a. 7/30/19 - Tenant #1 continued to need one to two person assist to get up from the chair which started on 7/25/19. Tenant #1 continued to be sleeping most of the time and refused to do physical therapy. b. 8/1/19 at 12:53 p.m. - Staff called the writer last night and reported this a.m. that Tenant #1 complained of severe pain to his lower back when laying down on his back in bed. ARNP faxed about increased sleepiness and weight loss. Awaiting response from ARNP. New orders from ARNP for Tylenol for back pain. c. 8/5/19 at 8:46 a.m. - Phone called placed to ARNP to inform of Tenant#1's increased pain. Tylenol not helping, order received for lumbar spine x-rays. d. 8/6/19 at 6:00 p.m. - Tenant #1 continues to complain of pain when in bed. Difficult to get out of bed and to transfer him. e. 8/7/19 at 2:12 p.m. - Received telephone call from Tenant #1's daughter expressing her concern for her dad and his pain. Nurse called to obtain orders for more x-rays. f. 8/7/19 at 2:18 p.m. - New order for more x-rays received from the ARNP. g. 8/8/19 at 3:21 p.m. - Staff report Tenant #1 weak and not bearing weight last evening. It took three staff to get Tenant #1 up from chairs. Tenant #1 continued to complain of back pain with lying in bed and with different positions. Staff unable to get out of bed during the night or morning. Pain medication given during the night	A 013		

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A 013	Continued From page 6 shift and this a.m. Tenant #1 got out of bed this morning after pain medication took effect. Tenant #1 placed in wheelchair. ARNP notified this morning - call returned this afternoon with order to transfer Tenant #1 to the hospital for further evaluation. h. 8/9/19 at 9:00 a.m. - Tenant #1 returned to the Program last night from Emergency Room (ER) at 10:40 p.m. The ER called and reported Tenant #1 was diagnosed with L1 (Lumbar one) compression fracture, a kidney stone and infection to head of the penis under foreskin. When interviewed on 11/20/19 at 2:55 p.m. Staff A confirmed she found Tenant #1 half in the shower as described in the Incident Report dated 11/24/19 at 11:15 a.m. She said she called the Director of Nursing (DON) to assist. Interviews with two staff confirmed when assisting Tenant #1 to move/transfer after his falls on 7/24/19 he yelled out in pain. Staff also confirmed there were two staff assigned to work with tenants on 7/24/19 but when Tenant #1 fell there was only one staff present. That staff called the DON to assist with getting Tenant #1 up. During an interview on 11/21/19 at 3:15 p.m. the DON said she wasn't sure she was at the Program the day Tenant #1 fell. Once she reviewed the RIMR she confirmed she had assisted Staff A in getting Tenant #1 up and into a chair. When interviewed on 11/21/19 at 3:15 p.m. the DON and Registered Nurse (RN) A confirmed Tenant #1 had two unwitnessed falls on 7/24/19 and Tenant #1 had a severe cognitive decline (moderately severe dementia). They further confirmed Tenant #1 did not receive an x-ray of	A 013		

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A 013	Continued From page 7 his back until 8/5/19. This x-ray showed no fractures. An x-ray was ordered again on 8/7/19 however the tenant went to the ER that day where he was diagnosed with a L1 compression fracture.	A 013		

1/7/20

January 02, 2020

Department of Inspections and Appeals
Attn: Linda Kellen
Lucas State Office Building
321 East 12th St
Des Moines, IA 50319

Subject: Plan of Correction for Investigation #86552

This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the Community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding.

Please accept the following Plan of Correction as outlined below:

A. ***481-67.2 Program policies and procedures***. The Program shall follow the policies and procedures established by a program.

1. ***Corrective Action***: The Executive Director (ED) will ensure that the Program Director (PD) and Memory Care RN read and understand Program Policies and procedures as stated in Chapter 67 481-67.2.

2. ***Measures to ensure the problem does not recur***: An in-service for all caregivers was given by the Program Director to review the Fall Reduction policy and Incident Reporting policies. The in-service was initiated on 12/4/19.

   The Program Director and/or designee will review every incident report to review for documentation of vitals, first aid was administered (if needed), if notifications were documented and ER evaluation (if needed).

3. ***How the Program plans to monitor performance to ensure compliance:*** There will be an audit of 25% for all Memory Care incident reports will be completed during the monthly QI meeting. The audit will review for documentation of vitals, first aid was administered (if needed), if notifications were documented and ER evaluation (if needed). This will occur for three consecutive months to determine if further monitoring will be required.

4. ***Date of Compliance***: Corrective action has been taken and completed on January 02, 2020.

1/3/20

B. ***481-67.3(2) Tenant Rights.*** All tenants have the right to receive care, treatment and services which are adequate and appropriate.

1. ***Corrective Action***: The Executive Director (ED) will ensure that the Program Director (PD) and Memory Care RN read and understand tenant rights as stated in Chapter 67 481-67.3(2).

2. ***Measures to ensure the problem does not recur***: An in-service for all caregivers was given by the Program Director to review the Fall Reduction policy and Incident Reporting policies. The in-service was initiated on 12/4/19.

   The Program Director and/or designee will review every incident report to review for documentation of vitals, first aid was administered (if needed), if notifications were documented and ER evaluation (if needed).

3. ***How the Program plans to monitor performance to ensure compliance***: There will be an audit of 25% for all Memory Care incident reports will be completed during the monthly QI meeting. The audit will review for documentation of vitals, first aid was administered (if needed), if notifications were documented and ER evaluation (if needed). This will occur for three consecutive months to determine if further monitoring will be required.

4. ***Date of Compliance***: Corrective action has been taken and completed on January 02, 2020.

If you have any questions or concerns, please feel free to contact me at jclindaniel@thevintagehills.com or (515) 639-2191.

Sincerely,

Jim Clindaniel
Executive Director