| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD413 HFD | A. BUILDING _____ B. WING _____ | 10/14/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COURTYARD ESTATES AT WALCOTT - BETTY'S GARDEN | 510 NORTH MAIN STREET WALCOTT, IA 52773 |

| (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<br><br>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.<br><br>Number of tenants without cognitive disorder: 0<br>Number of tenants with cognitive disorder: 11<br><br>TOTAL Census of Assisted Living Program for People with Dementia: 11<br><br>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program: | A 000 | HEALTH FACILITIES<br>DEC 05 2019<br>See attached POC 10/14/19 | |
| A 003 | 481-67.2 Program policies and procedures<br><br>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.<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program failed to consistently implement its policy and procedure regarding the completion of | A 003 | | |

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

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| A 003 | Continued From Page 1<br><br>incident reports. This affeted 1 of 2 tenants reviewed (Tenant #1). Findings follow:<br><br>Record review on 10-14-19 of Tenant #1's file revealed a diagnosis that included dementia. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline.<br><br>A 90 Day Nurse Review dated 7-17-19 reflected Tenant #1 made very negative comments and was often repetitive. He frequently used foul language and struck staff twice in the last quarter. The physician increased Tenant #1's dose of Fluoxetine on 5-31-19.<br><br>Nurses Notes dated 7-17-19 documented Tenant #1 made inappropriate comments to staff and then grabbed staff's buttocks and breast. Nurses Notes dated 7-30-19 noted staff reported over the weekend Tenant #1 grabbed their arms, pinched, yelled and swore at staff.<br><br>Continued record review revealed a fax to the primary care provider (PCP) dated 7-30-19 indicated Tenant #1 displayed behaviors including: yelling/swearing at staff/other tenants, physically struck out at staff, made inappropriate sexual comments towards staff and groped staff. Attempts at education and redirection were not successful.<br><br>A Change of Condition Nurse Review dated 8-16-19 indicated Tenant #1 was verbally aggressive at times and had a few occurrences of physical aggression towards staff.<br><br>A Mood Tracker document for September 2019 revealed on 9-16-19 (first shift) aggressive behavior with Tenant #1 was noted. It indicated Tenant #1 responded to intervention but quickly | A 003 | | |

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| A 003 | Continued From Page 2<br><br>returned. It also indicated sexually inappropriate behavior on 9-21-19 (second shift) and Tenant #1 responded to intervention.<br><br>Further record review revealed incident reports were not completed for Tenant #1's behaviors as indicated above.<br><br>Continued record review revealed the Program's policy and procedure for Accident, Incident, and Medication Error Reporting indicated staff would document unusual accidents and incidents that involved tenants, visitors, staff or other individuals in the building or the grounds. Tenant accidents, incidents and medication errors would be documented using the Incident Report or Medication Error form.<br><br>When interviewed on 10-14-19 at 4:03 p.m. the Wellness Director and Director confirmed there were no incident reports related to Tenant #1's behaviors. | A 003 (1) | | |
| A 089 | 481-69.26(4)a Service Plans<br><br>481-69.26(231C) Service plans.<br>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:<br>a. The tenant's identified needs and preferences for assistance<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program failed to develop service plans to reflect the identified needs of the tenants. This pertained to 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: | A 089 (2) | | |

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| A 089 | Continued From Page 3<br><br>1. Record review on 10-14-19 of Tenant #1's file revealed a diagnosis that included dementia. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline.<br><br>A 90 Day Nurse Review dated 7-17-19 reflected Tenant #1 made very negative comments and was often repetitive. He frequently used foul language and struck staff twice in the last quarter. The physician increased Tenant #1's dose of Fluoxetine on 5-31-19.<br><br>Nurses Notes dated 7-17-19 documented Tenant #1 made inappropriate comments to staff and then grabbed staff's buttocks and breast. Nurses Notes dated 7-30-19 noted staff reported over the weekend Tenant #1 grabbed their arms, pinched, yelled and swore at staff.<br><br>A fax to the primary care provider (PCP) dated 7-30-19 indicated Tenant #1 displayed behaviors including yelling/swearing at staff/other tenants, physically struck out at staff, made inappropriate sexual comments towards staff and groped staff. Attempts at education and redirection were not successful.<br><br>A Change of Condition Nurse Review dated 8-16-19 indicated Tenant #1 was verbally aggressive at times and had a few occurrences of physical aggression towards staff.<br><br>The service plan dated 8-20-19 reflected staff was to report signs of negative behavior/function to the nurse. Tenant #1 could be very negative and frequently repeated himself. Tenant #1 had a history of making inappropriate sexual comments and inappropriate touching of staff. The service plan did not reflect Tenant #1's verbal behavior | A 089 | | |

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| A 089 | Continued From Page 4<br><br>and physical behavior at times towards staff and interventions.<br><br>2. Record review on 10-14-19 of Tenant #2's file revealed a diagnoses that included right shoulder pain, polymyalgia rheumatica and osteoarthritis. Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline.<br><br>A 90 Day Nurse Review dated 7-16-19 reflected Tenant #2 had arthritis of the right shoulder and frequent pain. It was treated with Tramadol and Diclofenac 1% gel. Tenant #2 was normally continent of bladder and bowel.<br><br>Nurses Notes dated 9-19-19 reflected Tenant #2 had frequency and pain/burning with urination. A fax request was made to the PCP for a urinalysis (UA) with culture and sensitivity if indicated. Tenant #2's family was notified of the urinary frequency and was agreeable to Tenant #2 wearing protective undergarments. Nurses Noted dated 10-4-19 indicated the results of the UA were normal.<br><br>The service plan dated 10-19-18 reflected staff administered Tenant #2's medication; however, did not reflect the frequent arthritis pain and application of the Diclofenac gel. The service plan reflected Tenant #2 was continent of bladder and bowel the majority of the time. The service plan did not reflect Tenant #2's urinary frequency and protective undergarments. | A 089 | | |

OK 12/9/2020

✓ 2/3/20

*Courtyard Estates of Walcott*
510 N Main St
Walcott, IA 52773
563-284-4211

HEALTH FACILITIES
DEC 05 2019

December 3, 2019

Daniel Collins, Director

Courtyard Estates of Walcott

Betty's Garden

510 N. Main Street

Walcott, IA 52773

Re: Courtyard Estates of Walcott Plan of correction IAALP413 HFD

1. Elements detailing how the program will correct each regulatory insufficiency:

481-67.2 Program policies and procedures, including those for incident reports: Wellness Director will note all incidents with Incident reports and follow up with them in the nursing notes for that resident.

2. Measures taken to ensure that the problem does not reoccur:

Wellness Director met with LPN's on staff and had an in-service on when to complete incident reports. Staff then were in-serviced on this policy and procedure.

3. How the program plans to monitor performance to ensure compliance:

Wellness Director and LPN monitor 24 hour communication sheets and staff reports to ensure incident reports are done when needed.

4. Date by which the regulatory insufficiency was corrected:

We started the day that she was here on 10/14/2019 and then after.

Donya Weed RN, Wellness Director

Director

December 3, 2019

HEALTH FACILITIES

DEC 0 5 2019

Daniel Collins, Director

Courtyard Estates of Walcott

Betty's Garden

510 N. Main Street

Walcott, IA 52773

Re: Courtyard Estates of Walcott Plan of correction IAALP413 HFD

1. Elements detailing how the program will correct each regulatory insufficiency:

481-69.26(4)a Service Plans

2. Measures taken to ensure that the problem does not reoccur:

Wellness Director met with LPN's on staff and had an in-service on service plans. Service plans now explain verbal and physical behaviors and also what interventions will be used. Also notes will be posted regarding pain control measures and protective undergarments use. Service plans were updated so staff knows what to use and how to us it.

3. How the program plans to monitor performance to ensure compliance:

Wellness Director and LPN monitor 24 hour communication sheets and staff reports to ensure incident reports are done when needed.

4. Date by which the regulatory insufficiency was corrected:

We started the day that she was here on 10/14/2019 and then after.