OK 1/29/2020

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
	S0004	A. BUILDING: _____ B. WING _____ 12/3/20	C 10/31/2019

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. General Population Number of tenants without cognitive disorder: 12 Number of tenants with cognitive disorder: 4 Total Census of General Population: 16 Memory Care Unit Number of tenants without cognitive disorder: 8 Number of tenants with cognitive disorder: 32 Total Census of Memory Care: 40 TOTAL Census of Assisted Living Program for People with Dementia : 56 No insufficiencies were cited during the investigation of Complaint # 86218-C and Complaint # 85991-C. The following insufficiencies were cited during the investigation of Mandatory Report # 86009-M, Abuse Report # 84538-A, Complaint # 85880-C, and Complaint # 85514-C.	A 000	See attached POC 11/1/19	
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.	A 013		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 013	Continued From page 1	A 013		

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 1 out of 5 tenants reviewed (Tenant C2) Findings include:

Tenant C2 was admitted to the Program on 6/19/19 with a diagnosis of dementia, Alzheimer's disease, hyperlipidemia, major depressive disorder and hypertension. A review of Tenant C2's service plan dated 7/19/19 indicated Tenant C2 would be assisted in showers twice weekly on Mondays and Fridays with a third day if desired.

On 10/30/19 at 8:36 AM during a confidential family interview, a family member indicated they had concerns with their father's hygiene and repeated wearing of the same clothing. Family members showered Tenant C2 on 8/21/19 and 8/25/19. The family member added that this concern was brought up to the Healthcare Coordinator who suggested maybe the tenant had been showered and had just put on the same choice of clothing.

On 10/27/19 during a review of Tenant C2's record, documentation sheets for Tenant C2's bathing assistance showed no documented bathing help from staff between 8/16/19 and 8/30/19.

On 10/28/19 at 10:05 AM, the Manager confirmed the lack of documentation for Tenant C2's bathing assistance.

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A 025	Continued From page 2	A 025		
A 025	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to report an elopement within 24 hours to the Department for one tenant (Tenant C2). Findings include: Tenant C2 was admitted to the Program on 6/19/19 with a diagnosis of dementia, Alzheimer's disease, hyperlipidemia, major depressive disorder and hypertension. A review of Tenant C2's incident reports revealed that on 6/23/19, Tenant C2 eloped from the Program by walking out of the alarmed door behind visitors. Tenant C2 was dressed appropriately for the weather and was in the parking lot when staff were notified he was outside. No injuries were received from the incident. The Program's policy Notification to DIA of Program Incidents included the following: "DIA needs to be notified within 24 hours, or the next business day, of any of the following incidents. 4.) when resident elopes from the Program." On 10/28/19 at 10:05 AM, the Manager stated the	A 025		

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A 025	Continued From page 3 elopement was not shared with administration until 7/26/19 at which time the elopement was reported to the Department.	A 025		
A 037	481-69.22(2) Evaluation of Tenant 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to evaluate the functional, cognitive and health status for one tenant reviewed with a significant change (Tenant C2). Findings include: Tenant C2 was admitted to the Program on 6/19/19 with a diagnosis of dementia, Alzheimer's disease, hyperlipidemia, major depressive disorder and hypertension. A review of Tenant	A 037		

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A 037	Continued From page 4 C2's faxes and physician order requests revealed the following fax to Tenant C2's physician from the Healthcare Coordinator: "Resident continues with episodes of increased restlessness and agitation. May we please have an order for Melatonin 5 mg gummy. May give x1 gummy po BID prn." On 10/30/19 at 8:36 AM during a confidential family interview, a family member stated they visited Tenant C2 on 8/1/19 when the Healthcare Coordinator approached her and informed her of Tenant C2's recent increase of behaviors. The interviewee indicated the Healthcare Coordinator stated to her that Tenant C2 had become more agitated, restless, refusing meals and was aggressive. Tenant C2 had no functional, cognitive or health evaluation completed during this time to see if the tenant's needs had changed. On 10/29/19 at 3:45 PM, the Healthcare Coordinator confirmed she did not complete any evaluations on Tenant C2 during this time.	A 037		
A 087	481-69.26(3)b 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. b. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan.	A 087		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 087	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to add all discretionary changes to the service plan as needed for 3 of 5 tenants reviewed (Tenant #1, Tenant #3 and Tenant C2). Findings include: 1. Tenant #1 was admitted to the Program on 10/27/17 with a diagnosis of Alzheimer's disease, anemia, hypertension, heart disease, atrial fibrillation and osteroarthritis. On 10/14/19 at 2:00 PM, Staff A stated Tenant # 1 could be aggressive, which included biting. On 10/14/19 at 1:45 PM, Staff B stated Tenant # 1 did not like to sit very often and would attempt to bite on occasion when made to sit. On 10/15/19 at 2:30 PM, Staff C stated she observed Tenant #1 open his mouth in an attempt to bite before. On 10/29/19 at 1:00 PM, Staff D stated Tenant #1 attempted to bite her on 6/26/19 during a medication pass. Tenant #1's service plan dated 9/24/19 failed to include any information regarding the behavior of biting. 2. Tenant #3 was admitted to the Program on 9/11/17 with a diagnosis of Alzheimer's disease, dementia, depressive disorder, anxiety disorder, hemiplegia, cognitive communication deficit,	A 087		

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A 087	Continued From page 6 hypercholesterolemia, hypertension and atrial fibrillation. Tenant #3's most recent service plan dated 10/23/19 indicated the following: 1.) Tenant #3 had a hospice aide 1-3 times a week. 2.) Tenant #3 received bathing assistance from staff not hospice 3.) Tenant #3 required transfer assistance of one staff On 10/28/19 at 3:39 PM, Staff A stated the hospice aides did Tenant #3's bathing assistance and not Program staff. Staff A also indicated that Tenant #3 was frequently a two person lift not one. On 10/28/19 at 2:33 PM, Staff B stated the hospice aides did Tenant #3's bathing assistance and not Program staff. Staff B also indicated that Tenant #3 was frequently a two person lift . On 10/28/19 at 1:54 PM, Staff F stated the hospice aides did Tenant #3's bathing assistance and not Program staff. Staff F also indicated that Tenant #3 was frequently a two person lift, even though she felt she could usually do a one person lift. Tenant #3's service plan failed to match with the cares staff actually provided. 3. Tenant C2 was admitted to the Program on 6/19/19 with a diagnosis of dementia, Alzheimer's disease, hyperlipidemia, major depressive disorder and hypertension. A review of incident reports for Tenant C2 revealed he eloped from the facility on 6/23/19 and 8/27/19. During both elopements he was able to exit the building	A 087		

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A 087	Continued From page 7 behind visitors that were leaving. Tenant C2's last service plan dated 7/19/19 contained no information about Tenant C2's elopement history. On 10/29/19 at 3:45 PM, the Healthcare Coordinator confirmed the above information was not added and addressed on the service plans for Tenants #1, #3 and C2. The Healthcare Coordinator also confirmed Tenant #3 was in the process of moving to a higher level of care.	A 087		

OK 1/29/2020

Country Meadow Place
ASSISTED LIVING & MEMORY CARE

✓ 2/3/20

Self Report/Complaint Visit

Plan of Correction (POC) Submitted For:

- Investigation Date: October 31st, 2019

A. 481-67.3(2) Tenant Rights.

a.

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. All tenants shower schedules were placed on their online Task documentation and paper chart removed

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 showers as indicated on their task schedule and to notify RN if resident refused as well as document
b. The program RN will be completing random audits weekly x4 weeks, randomly thereafter to ensure current shower schedule is followed

3. Measures taken to ensure problem does not recur:

a. Program Nurse to review current documentation every 30 days

B. 481-67.4(4) Program Notification to Department

481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:**
   a. When management became aware of the elopement on 7/26/19 a report was made to DIA
2. **Actions program taking to protect tenants in similar situations:**
   a. RN that was notified of elopement and failed to notify supervisors was terminated in July
   b. Review and training provided to staff at Inservice on 8/9/19 on Elopement Policy and notification
3. **Measures taken to ensure problem does not recur:**
   a. Previous program RN was terminated.

C. 481-69.22(2) Evaluation of Tenant

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.

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:**
   a. RN retrained on Assessments and the need for change of condition assessments

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

   a. All residents reviewed for the needs of a COC completion

3. **Measures taken to ensure problem does not recur:**
   b. Program Nurse to review current residents at minimum of every 30 days for review of the need for a new assessment.

D. 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.

Country Meadow Place
ASSISTED LIVING & MEMORY CARE

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. Residents #1 and #3 care plan/ISP updated on 11/1/2019

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

a. All residents reviewed for the needs of a COC completion/ISP update

3. Measures taken to ensure problem does not recur:

c. Program Nurse to review current residents at minimum of every 30 days for review of the need for a new assessment/ISP update

The Program will be in substantial compliance by 11/01/2019.

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