8/3/20 OK 1/31/2020

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
	S0045	A. BUILDING: _____ B. WING _____	C 12/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	2501 W STATE STREET 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 type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 3 TOTAL census of Assisted Living Program for People with Dementia: 31 The following regulatory insufficiencies were cited during the Investigation of Incident #86488-I.	A 000	See attached POC 2/8/2020	
A 069	481-69.25(1)g Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: g. A signed authorization for the tenant to receive emergency medical care as necessary This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure a signed authorization to receive emergency medical care in tenants' files. This pertained to 1 of 1 tenants (Tenant #1) reviewed as a result of Incident #86488-I. Findings follow: On 12-19-19 a review of Tenant #1's file failed to include a signed authorization for emergency medical care.	A 069		

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A 069	Continued From page 1 The Licensed Practical Nurse confirmed these findings on 12-23-19 at 2:17 p.m.	A 069		
A 073	481-69.25(1)k Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: k. Advance health care directives as applicable This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include advance health care directives in tenants' file. This pertained to 1 of 1 tenants (Tenant #1) reviewed as a result of Incident #86488-I. Findings follow: On 12-19-19 a review of Tenant #1's file revealed a Durable Power of Attorney for Health Care and Living Will dated 11-6-14 indicated Tenant #1 declined life-sustaining treatments that included cardiopulmonary resuscitation (CPR). Continued review revealed Physician Order Sheet dated June 2019 indicated he was a Full Code as of 10-7-16. An updated Advanced Directive indicating a change of preference for life saving measures could not be located. The Licensed Practical Nurse confirmed these findings on 12-23-19 at 2:17 p.m.	A 073		

DK 1/30/2020

✓ 2/3/20

Homestead of Mason City 2501 W. State St. Mason City, IA 50401
641-423-4809 Investigation # 86488-I

January 20, 2020
A 069 481-69.25(1)g Tenant Documents
481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: g. A signed authorization for the tenant to receive emergency medical care as necessary

1. Elements detailing how the Program will correct each regulatory insufficiency.

Each Resident file is being reviewed by RN & IPOST is being added for updates.

2. Measures taken to ensure the problem does not recur.

We will use the IPOST for Admission & Annual Reviews for Residents.

3. How the Program plans to monitor performance to ensure compliance.

The IPOST will be added to the annual review packet and a check list used to

Be sure it is included in the resident's chart.

4. The date by which the regulatory insufficiency will be corrected.

We started corrections right away and updates to be completed in 30 days.

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Be sure it is included in the resident's chart.

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We started corrections right away and updates to be completed in 30 days.

Audit initiation began on 12/23/19 and will be completed by, 2/8/2020.

All charts are being audited and all corrections will be completed by 2/8/2020.

Also, all new admissions will be audited within 24 from admission for advanced directives and that all charts will be audited at a minimum with admission, readmission, with a significant change, and annually.

Susan McWilley Executive Director
1/20/2020