3/12/20

PRINTED: 02/28/2020
FORM APPROVED

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
	S0306	A. BUILDING: _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLON ASSISTED LIVING VILLAGE	623 EAST 5TH STREET SOLON, IA 52333

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 13 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 13 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached Plan of correction 3/3/2020	
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Review on 2-19-20 of Tenant #1's file revealed Nurse's Notes indicated the following: -On 11-12-19 it was noted Tenant #1 was found on the floor beside her bed. She complained of	A 089		

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A 089	Continued From page 1 right shoulder pain and had pain with movement. A new order was obtained for an x-ray of the right shoulder. -On 11-13-19 it was noted a change of status evaluation was completed for Tenant #1. The note indicated Tenant #1 had a right shoulder/clavicle fracture. -On 12-3-19 it was noted Tenant #1 was prescribed Cephalexin 500 milligram (mg), orally, three times per day, for seven days for a urinary tract infection (UTI). -On 12-20-19 (late entry) it was noted on 12-18-19 Tenant #1 fell when going to sit on her couch. She missed the couch and fell onto the ground and hit her head. On 12-20-19 it was noted Tenant #1 had a "goose egg" to the right forehead. -On 1-7-20 it was noted Tenant #1 received a new order for Kelfex 500 mg, orally, every six hours, for seven days for a UTI. -On 1-13-20 it was noted staff went to Tenant #1's apartment to give her medications and found her sitting on the floor in front of her couch. She told staff she heard people at her door and crawled from her bed to the couch. Tenant #1's service plan dated 2-7-20 did not reflect the UTIs and treatment or the tenant's falls. 2. Review on 2-19-20 of Tenant #2's file revealed a Patient Handout document dated 1-31-20 indicating Tenant #2 had erosive pustulosis of the scalp and treatment included Clobetasol solution twice daily on weekends and eucrisa to the scalp twice daily. The orders were noted on 1-31-20. Tenant #2's January and February 2020 medication administration records (MARs)	A 089		

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A 089	Continued From page 2 reflected staff provided assistance with the above tasks.. Tenant #2's service plan dated 12-13-19 did not reflect the issue with her scalp or staff assistance with the treatments. 3. Review on 2-19-20 of Tenant #3's file revealed a fax document with physician orders dated 1-28-20 to wash/shampoo Tenant #3's scalp with Ketoconazole 2% shampoo twice weekly. Staff were also to apply Fluocinonide 0.05% solution to her scalp twice a day for two weeks, then decrease to once a day for two weeks and then as needed for itching. Tenant #3's January and February 2020 MARs reflected staff provided assistance with the above tasks. The Medication Identification document for January 2020 reflected medications administered by staff included Eliquis 2.5 mg, orally, twice daily. Tenant #3's service plan dated 12-10-19 did not reflect the issue with her scalp or staff assistance with the treatments. The service plan also did not reflect staff administered an anti-coagulant medication. 4. When interviewed on 2-19-20 at 4:26 p.m. the Nurse revealed the current service plan documents for the tenants listed above were provided.	A 089		

Solon Assisted Living Village Plan of Correction for site visit on 2/19/2020

3/2/20

A089; 481-69.26 (4) Service Plans

481-69.26(231c) Service Plans.

69.26(4) The service plan shall be individualized and shall indicate, at a minimum:

a. The tenant's identified needs and preference for assistance

Plan of Correction:

The insufficiencies will be corrected as follows:

- Tenant #1 had evaluations completed and used to update their service plan to appropriately meet the resident's needs and preference for assistance on 3/2/2020
- Tenant #2 had their service plan updated to appropriately meet the resident's needs and preference for assistance on 02/19/2020
- Tenant #3 had their service plan updated to appropriately meet the resident's needs and preference for assistance on 02/19/2020

The Following measures will be taken to ensure the problem dose not recur:

- The Program Manager and Assisted Living Nurse Coordinator will monitor incident/accident reports, communication book, progress notes and observe residents for significant changes that trigger the initiation of evaluation and service plan updates in order to meet the residents changing needs/preference for care.

The program will monitor performance to ensure compliance as follows:

The Program Manager and Assisted Living Nurse Coordinator will monitor services plans over the next six months with documentation of random audits of service plans to ensure that all tenants needs and preference for assistance are identified correctly.

Date deficiencies corrected by: 3/2/2020

3/3/2020

3/10/20