✓ 5/18/20 OK 5/14/20

PRINTED: 04/27/2020
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
	S0325	A. BUILDING: _____ B. WING _____	02/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER VIEW MANOR	1212 SOUTH STUART STREET SIGOURNEY, IA 52591

(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: 20 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 20 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 POC 3/23/20	
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 ensure service plans identified the needs and preferences for assistance for 2 of 3 tenants (Tenants #1 and #3). Findings follow: 1. Record review on 2/24/20 revealed Tenant #1's service plan, dated 2/17/20. According to the service plan, Tenant #1 preferred showers 1-2 times weekly and as needed with the assistance of program staff. The area of toileting was marked, "self, private". A Health history noted Tenant #1 had a weak bladder and used pads	A 089		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Andra Allen

TITLE: Administrator

(X6) DATE: 5/8/20

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A 089	Continued From page 1 during the day and at night. According to a Health Status Note dated 2/18/20, the Assisted Living nurse talked with Tenant #1 about her refusal to shower over the past five weeks and her increased incontinence of urine during the overnight. Tenant #1 reported she did not want to bathe more than once weekly as it dried out her skin. She stated she gave herself sponge baths. When interviewed on 2/24/20 at 11:25 AM, Staff A reported Tenant #1 could go 1-2 weeks without allowing staff to give her a shower. She said staff members washed Tenant #1's laundry daily as her bedding was wet each morning due to her overnight incontinence. When interviewed on 2/24/20 at 11:45 AM Staff B reported Tenant #1 once went four weeks without getting a shower from staff, although she believed Tenant #1 did give herself sponge baths. When interviewed on 2/24/20 at 3:50 PM the RN reported Tenant #1 preferred to bathe once weekly. Her service plan did not identify what staff should do if Tenant #1 refused staff assistance with showers. 2. Record review revealed Tenant #3's service plan, dated 12/20/19, identified she used a cane or standard walker, but she generally used a cane. Tenant #3 was noted to have therapy as needed per physician's orders. A progress note dated 1/2/20 indicated Tenant #3 lost her balance and fell while trying to place an envelope in a basket on the floor in her living room. She had a bruise on her right forearm, but thought the bruise might have been there prior to the incident.	A 089		

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A 089	Continued From page 2 Tenant #5 had another fall on 1/5/20 and was found sitting on the floor near the shower in her bathroom. Tenant #3 had a 3 cm x 1cm skin tear to her left elbow as well as a 7cm x 6cm raised area to her head above her left ear. Tenant #3 was taken to the emergency room for an evaluation. An X-ray was done there and no fracture was noted. Tenant #3 returned from the emergency room with a wheeled walker. Tenant #3 saw her primary care provider on 1/8/20 and was referred to physical therapy. On 2/24/20 at 3:50 PM, the RN stated Tenant #3 begia Physical Therapy and received this service from 1/20/20 - 2/3/20. Tenant #3 received this service in order to learn how to use a quad cane, which was new to her. During this interview, the RN, Assisted Living Manager and Corporate Nurse confirmed these needs were not identified in the residents' service plans.	A 089		

Deer View Manor Independent & Assisted Living

1200 South Stuart Street • Sigourney, IA 52591 • Ph: (641) 622-2078

✓ 5/18/20

May 8, 2020

Deer View Manor
1200 South Stuart Street
Sigourney, Iowa 52591

Plan of Correction for Survey Completed 02/24/2020

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiency cited. This plan of correction is prepared solely because it is required under federal or state law.

A089 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.

For our required Plan of Correction, we submit the following:

1. Nursing staff has reviewed on 2-26-2020 tenant #1's preference for bathing/showering with tenant and revised her service plan to reflect these preferences. Tenant #3's service plan has been revised on 3-23-2020 to reflect her current need for assistance and use of four wheel walker.
2. During regular weekly staff meetings, nursing staff will review all tenant quarterly and/or significant change service plans to reflect any changes in preferences or needs of the tenant. Those changes will be updated in the service plan at that time. Staff education was conducted on 2-26-2020 to review setting up and accurately following tenant service plans and for the service plan to reflect tenant current preferences and needs.
3. Assisted Living manager will perform random audits every month for 3 months to ensure that service plans accurately reflect tenant preferences and services being conducted. The results of the audits will be reviewed as part of our ongoing quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.