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PRINTED: 04/25/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP135 HFD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2020
NAME OF PROVIDER OR SUPPLIER ELMWOOD P E, L L C			STREET ADDRESS, CITY, STATE, ZIP CODE 190 NORTH 15TH STREET ONAWA, IA 51040		
(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. General Population Program Number of tenants without cognitive disorder: 20 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 23 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the investigation of Complaint #87282-C. The following regulatory insufficiencies were cited during the investigation of Complaint #87239-C and Complaint #87240-C.	A 000	See attached POC 5/25/20		
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This Requirement is not met as evidenced by: Based on observation and interview the Program failed to consistently ensure treatment of tenants with consideration, respect, and full recognition of personal dignity and autonomy. This potentially affected 23 of 23 tenants. Findings follow:	A 012			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 012	Continued From Page 1 Observation on 1-9-2020 at 10:30 a.m. revealed Staff B walked to a tenant's apartment to assist with getting dressed. She proceeded to walk into the apartment without knocking. Staff B proceeded to do rounds in the north hallway and went into three apartments without knocking. She finished her rounds of the remaining apartments and proceeded to knock softly and walk in without waiting for a response from the tenant. On 1-14-2020 at 12:00 p.m. during a tenant meeting, four tenants stated staff do not knock before entering their apartments. They stated the staff do not seem to have any respect for their privacy. On 1-16-2020 at 10:00 a.m. the Director confirmed staff should always knock and wait for a response prior to opening the door to the tenant's apartment.	A 012		
A 029	481-67.5(1) Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(1) The program shall not prohibit a tenant from self-administering medications. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure consistent implementation of program-developed medication policies regarding narcotic management. This pertained to 1 of 1 tenants reviewed requiring a fentanyl patch (Tenant #5). Finding follows:	A 029		

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A 029	Continued From Page 2 Record review on 1-9-2020 revealed Tenant #5's Medication Administration Record noted he received a fentanyl patch every 72 hours for pain. When interviewed on 1-15-2020 at 2:12 p.m. Staff C reported she disposed of fentanyl patches in the garbage until the current Registered Nurse (RN) informed her two staff were required for disposal of narcotics. Continued record review on 1-15-2020 revealed the program's policy/procedure regarding narcotic management directed all narcotics should be destroyed by two nurses on the long term care side of the facility. On 1-14-2020 at 11:14 a.m. the Registered Nurse confirmed staff failed to dispose of fentanyl patches appropriately. She stated a patch was missing but found the next day in the tenant's garbage. She reported she changed procedure immediately to require two staff present. Staff were to fold the patch together and dispose in the sharps container per her own standard of practice.	A 029		
A 034	481-67.5(4) Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(4) When a tenant has delegated medication administration to the program, the program shall maintain a list of the tenant's medications. If the tenant self-administers medications, the tenant may choose to maintain a list of medications in the tenant's apartment or to disclose a current list of medications to the program for the purpose of emergency response. If the tenant discloses a medication list to the program in case of an emergency, the tenant	A 034		

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A 034	Continued From Page 3 remains responsible for the accuracy of the list. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to maintain a list of tenants' medications. This pertained to 6 of 6 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #4, Tenant #5, and Tenant #6). Findings follow: 1. On 1-9-2020 a review of Tenant #1's file revealed the Program administered his medications. A list of current medications could not be located. 2. On 1-9-2020 a review of Tenant #2's file revealed the Program administered her medications. A list of current medications could not be located. 3. On 1-9-2020 a review of Tenant #3's file revealed the Program administered his medications. A list of current medications could not be located. 4. On 1-9-2020 a review of Tenant #4's file revealed the Program administered her medications. A list of current medications could not be located. 5. On 1-9-2020 a review of Tenant #5's file revealed the Program administered his medications. A list of current medications could not be located. 6. On 1-9-2020 a review of Tenant #6's file revealed the Program administered his medications. A list of current medications could not be located.	A 034		

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A 034	Continued From Page 4 On 1-9-2020 at 10:12 a.m. the Registered Nurse confirmed current medication lists could not be located. She stated the previous nurse failed to ensure orders remained current and corrected tenants medications records as errors were brought to her attention.	A 034		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to evaluate a tenants' functional, cognitive, and health status prior to occupancy. This pertained to 1 of 3 tenants (Tenant #1) reviewed as a result of Complaint #87240-C. Finding follows: Record review on 1-8-2020 revealed Tenant #1's	A 036		

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A 036	Continued From Page 5 file indicated an admission date of 9-17-19. A review of Medical History/Physical/Functional Assessment, dated 9-17-19, revealed the health section and functional assessment for bathing, toileting, and ambulation were not incomplete, which failed to determine eligibility and services needed for admission to an assisted living program. On 1-14-2020 at 11:14 a.m. the Registered Nurse confirmed these findings. She stated she discovered many issues with tenant evaluations missing or not completed by the previous nurse.	A 036		
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 a tenant's functional,	A 037		

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A 037	Continued From Page 6 cognitive, and health status within 30 days of occupancy and with significant change in health status. This pertained to 2 of 3 sample tenants (Tenant #1, Tenant #4). Findings follow: 1. Record review on 1-8-2020 revealed Tenant #1's file indicated an admission date of 9-17-19. Evaluations completed within 30 days of occupancy could not be located in the record. 2. Record review on 1-8-2020 revealed Tenant #4's file indicated an admission date of 7-9-18. Review of Tenant #2's annual assessment, dated 6-27-19, revealed the assessment failed to include a cognitive evaluation. Continued review revealed Hospice Medicare Benefit Election form dated 8-8-19. Evaluations for the significant change in health status could be located for admission and discharge from hospice care. When interviewed on 1-15-2020 at 1:34 p.m. Tenant #4's spouse confirmed she started hospice care in August and believed she was discharged sometime in December 2019. On 1-14-2020 at 11:14 a.m. the Registered Nurse confirmed these findings. She stated she discovered many issues with tenant evaluations missing or not completed by the previous nurse.	A 037		
A 038	481-67.5(6)c Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: c. The program shall maintain a list of	A 038		

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A 038	Continued From Page 7 each tenant ' s medications and document the medications administered. This Requirement is not met as evidenced by: Based on observation, interview, and record review the Program failed to consistently implement established medication policies, specifically regarding documentation of medications administered by staff. This pertained to 2 of 2 staff observed during a medication (med) pass (Staff A and Staff C). Findings follow: 1. Observation during a med pass on 1-8-2020 at 4:15 p.m. revealed Staff A signed all medications prior to administration and failed to review the entire MAR to ensure medications were administered as ordered. When interviewed on 1-8-2020 at 4:30 p.m. Staff A stated the Registered Nurse (RN) trained her but not on the "new way" to administer medications, She continued to administer medications the way she had always done it. She stated she knew a tenant had a doctor's order for eye drops to be administered four times daily and the MAR reflected three times per day. She assumed the MAR was correct since it was set up by the RN. She stated the tenant consistently refused the afternoon dose. She failed to document this on the MAR as refused. 2. Observation during the med pass on 1-14-2020 at 4:00 p.m. revealed Staff C administered scheduled eye drops and the tenant requested his PRN nasal spray. Staff C brought him the nasal spray and he self administered. Staff C put the spray back into the med cart and failed to document PRN nasal spray on the front and back	A 038		

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A 038	Continued From Page 8 of the MAR as required. Additional observation during the med pass on 1-14-2020 at 7:00 p.m. revealed Staff C administered eye drops to two tenants and failed to document on the MAR as required. Record review on 1-9-2020 revealed Staff C's file indicated a hire date of 12-5-19. The file also included a medication checklist, signed and dated by the current RN on 1-3-2020, but not signed by Staff C. Further review of the document revealed the RN marked Staff C as competent but failed to include steps for medication administration. When interviewed on 1-14-2020 at 7:20 p.m. Staff C stated Staff A trained her on medication administration after she transferred over from the care center and the current RN trained her recently. She stated she was not a certified medication aide. Staff C reported she assumed it was ok to administer eye drops since they were in the tenants spot in the med cart. She stated she failed to inform the RN there was no prescription label for eye drops and failed to sign them as administered. She stated she routinely gave the nasal spray to another tenant and failed to document it as administered. She confirmed she failed to consistently document PRN medications on the MAR as required. She stated she only looks at the MAR to sign off she administered meds from the planner and does not review the MAR to ensure all meds are administered as ordered. Record review on 1-14-2020 revealed the program's medication assistance procedure indicated staff may administer medications via nurse delegations. Staff should ensure the correct medications (meds) are taken from the planner. Staff may assist with as needed medications	A 038		

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A 038	Continued From Page 9 (PRN) and must ensure they are taken as noted on the prescription label. Staff are to document on the Medication Administration Record (MAR) medications administered and PRN meds must be also documented on the back of the MAR with date, time, name of med, prescribed dose, and reason for assistance. On 1-14-2020 at 11:14 a.m. the Registered Nurse stated the previous RN failed to stay on top of things and resulted in several areas out of compliance. She stated she removed the med boxes from tenants' apartments and put them in a med cart to try and reduce the amount of errors. She did not realize the Program had a policy that included meds being kept in tenants' apartments.	A 038		
A 062	481-67.9(4)e Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: e. The program's registered nurse(s) shall provide direct or indirect supervision of all certified and noncertified staff as necessary in the professional judgment of the program's registered nurse and in accordance with the needs of the tenants and certified and noncertified staff. This Requirement is not met as evidenced by: Based on observation, interview, and record review the Program failed to adequately ensure non certified staff were competent to meet the needs of the tenants. This pertained to 3 of 4 staff	A 062		

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A 062	Continued From Page 10 reviewed (Staff B, Staff C, and Staff F) and 2 of 2 staff observed during a medication (med) pass (Staff A and Staff C). Findings follow: 1. Observation during a medication (med) pass on 1-8-2020 at 4:15 p.m. revealed Staff A signed all medications prior to administration and failed to review the entire Medication Administration Record (MAR) to ensure medications were administered as ordered. When interviewed on 1-8-2020 at 4:30 p.m. Staff A stated the Registered Nurse (RN) trained her, but not on the "new way" to administer medications she continued to do it the way she always had done it. She stated she knew a tenant had a doctor's order for eye drops to be administered four times a day and the MAR only reflects three times per day and assumed the MAR was correct since it was set up by the RN. She stated the tenant consistently refused the afternoon dose and failed to document this on the MAR as refused. 2. Record review on 1-9-2020 revealed Staff B's file included a skills checklist dated 5-7-19 signed by her and the previous RN. Further review revealed med pass included steps to knock on tenant's door, identify self and inform reason for visit, check med planner to ensure tenant took meds, and document on the MAR. Continued review revealed a medication checklist signed and dated by the current RN on 12-18-19. The document did not include a signature from Staff B. Further review of the document revealed the RN marked Staff B as competent but failed to include steps for medication administration. When interviewed on 1-15-2020 at 12:34 p.m. Staff B revealed she received delegation training from the previous RN and from the current RN.	A 062		

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A 062	Continued From Page 11 She stated she administered eye drops to two tenants and failed to realize the MAR did not have the med listed. She stated one tenant's eye drop failed to have a prescription label and stated she never brought this to the RN's attention and just assumed it was ok to administer and failed to document she administered eye drops. 3. Observations during a med pass on 1-14-2020 at 4:00 p.m. revealed Staff C administered scheduled eye drops and the tenant requested his as needed (PRN) nasal spray. Staff C brought him the nasal spray and he self administered. Staff C put the spray back into the med cart and failed to document the PRN as administered. Additional observation during a med pass on 1-14-2020 at 7:00 p.m. revealed Staff C administered eye drops to two tenants and failed to document on the MAR as required. Record review on 1-9-2020 revealed Staff C's file included a hire date of 12-5-19. Review of a medication checklist signed and dated by the current RN on 1-3-2020 revealed no signature from Staff C. Further review of the document revealed the RN marked Staff C as competent but failed to include steps for medication administration. When interviewed on 1-14-2020 at 7:20 p.m. Staff C stated Staff A trained her on medication administration after she transferred over from the care center. She reported the current RN trained her recently. Staff C confirmed she was not a certified medication aide. She stated she assumed it was ok to administer eye drops since they were in the tenants spot in the med cart. She stated she failed to inform the RN there was no prescription label for eye drops and failed to sign them as administered. She reported she routinely gave the	A 062		

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A 062	Continued From Page 12 nasal spray to another tenant and failed to document it as administered. She failed to consistently document PRN medications on the MAR as required. She reported she only looked at the MAR to sign off she administered meds from the planner and did not review the MAR to ensure all meds were administered as ordered. 4. Record review on 1-9-2020 revealed Staff F's file included a hire date of 10-24-19. Documentation of nursing delegations for medication administration could not be located. When interviewed on 1-15-2020 at 1:26 p.m. Staff F stated Staff E and Staff A trained her to administer medications. She administered meds on her own after a few weeks. She stated she did not receive training from a Registered Nurse to administer medications. She stated the current RN suspended her from medication administration and denied having multiple medications errors. When interviewed on 1-14-2020 at 11:14 a.m. the Registered Nurse stated Staff F had multiple med errors for failing to administer evening medications. She stated the night staff would check and administer if meds were found in the planner or if a tenant had mentioned they had not received their evening medications. She stated she could not say why med error reports were not completed. She stated the previous RN failed to stay on top of things and resulted in several areas out of compliance. She provided text messages to confirm she informed the Director of her concerns that Staff F should not administer medications until she has time to fully train her. She stated the Administrator allowed Staff F to continue to pass meds due to not enough staff to replace her at that time.	A 062		

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A 083	Continued From Page 13	A 083		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently develop service plans based on the needs of tenants as identified by required assessments. This pertained to 2 of 3 tenants reviewed (Tenant #1 and Tenant #4) 1. Record review on 1-9-2020 revealed Tenant #1's file indicated an admission date of 9-17-19. A review of Medical History/Physical/Functional Assessment dated 9-17-19 revealed the health section and functional assessment for bathing, toileting, and ambulation were incomplete. Functional, cognitive, or health assessments completed within 30 days of admission could not be located to update his service plan. 2. Record review on 1-9-2020 revealed Tenant #4's annual assessment dated 6-27-19 failed to include a cognitive evaluation. Further review revealed Hospice Medicare Benefit Election form, dated 8-8-19; however, evaluations for significant change in health status could not be located to update her service plan.	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP135 HFD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2020
NAME OF PROVIDER OR SUPPLIER ELMWOOD P E, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 190 NORTH 15TH STREET ONAWA, IA 51040		
(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 083	Continued From Page 14 On 1-14-2020 at 11:14 a.m. the Registered Nurse confirmed these findings. She stated she discovered many issues with tenant evaluations missing or not completed by the previous nurse.	A 083		
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This Requirement is not met as evidenced by: Based on interview and record review the Program failed to update service plans to include outside providers. This pertained to 2 of 2 tenants that received outside provider services (Tenant #2 and Tenant #4). Findings follow: 1. Record review on 1-9-2020 revealed Tenant #4's file revealed Hospice Medicare Benefit Election, dated 8-8-19. An updated service plan that included hospice services could not be located. On 1-14-2020 at 11:14 a.m. the Registered Nurse confirmed these findings. She stated she discovered many issues with tenant service plans not updated by the previous nurse.	A 091		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum:	A 092		

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A 092	Continued From Page 15 d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to include a list of preferred planned and spontaneous activities for 2 of 2 tenants reviewed with a Global Deterioration Score (GDS) of four or above (Tenant #1 and Tenant #4). Findings follow: 1. Record review on 1-8-2020 revealed Tenant #1's file included a Brief Interview for Mental Status Assessment (BIMS), dated 1-3-2020. The BIMS revealed a GDS of four and indicated moderate cognitive impairment. Continued record review revealed Tenant #1's service plan, dated 1-3-2020, failed to include a list of preferred planned and spontaneous activities. 2. Record review on 1-8-2020 revealed Tenant #4's service plan dated 12-13-19 noted she had dementia and scored a six on the GDS, which indicated cognitive impairment. Further review revealed the service plan failed to include a list of preferred planned and spontaneous activities. On 1-16-2020 at 10:00 a.m. the Registered Nurse confirmed these findings.	A 092		

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A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently conduct nurse reviews to assess and document a tenant's health status at least every 90 days or when a change occurred in a tenant's health status. This pertained to 5 of 6 tenants reviewed (Tenant #2, Tenant #3, Tenant #4, Tenant #5, and Tenant #6). Findings follow: 1. Record review on 1-8-20 revealed Tenant #2's service plan dated 4-2-19 indicated she required assistance with medications and bathing. Further record review revealed a Treatment Plan for pain management dated 3-5-19. A completed comprehensive assessment was completed after she returned from a hospital stay on 4-4-19. No subsequent quarterly nurse reviews could be located.	A 096		

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A 096	Continued From Page 17 2. Record review on 1-8-20 revealed Tenant #3's record indicated an admission date of 5-17-19. Review of Tenant #3's service plan dated 5-15-19 indicated he required assistance with medications and bathing. Review of progress notes revealed a comprehensive nurse review, completed 11-15-19, but previous quarterly nurse reviews could be located. 3. Record review on 1-8-20 revealed Tenant #4's progress notes included a quarterly review dated 7-25-19 and indicated she required assistance with medications and bathing. Continued review of progress notes dated 12-13-19 revealed she required assistance for bathing, toileting, transfers, ambulation, and medications. Review of Hospice Medicare Benefit Election form dated 8-8-19 revealed she received hospice care. A nurse review regarding Tenant #4s decline in health status could not be located. 4. Record review on 1-8-20 revealed Tenant #5's annual assessment dated 6-6-19 indicated he required assistance with bathing and medications. Continued record review failed to provide a quarterly nurse review prior to 12-13-19. 5. Record review on 1-8-20 revealed Tenant #6's service plan dated 3-18-19 indicated he required assistance with medications. Continued record review revealed Tenant #6's	A 096		

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A 096	Continued From Page 18 progress notes dated 5-23-19 indicated he administered his own medications. Progress notes dated 11-15-19 and 11-21-19 revealed updated medication orders. No previous quarterly review could be located. On 1-6-2020 at 3:51 p.m. Tenant #6 confirmed he required assistance with medication management. 6. When interviewed on 1-14-2020 at 11:14 a.m. the Registered Nurse confirmed these findings. She stated she discovered many issues with tenant documentation missing or not completed by the previous nurse.	A 096		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to provide training on safe food handling prior to serving food for 4 of 4 staff reviewed (Staff B, Staff C, Staff E, and Staff F). Findings follow: Record review on 1-9-2020 revealed the following: 1. Staff B was hired 4-22-19. She received training on safe food handling 8-16-19.	A 104		

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A 104	Continued From Page 19 2. Staff C was hired 12-5-19. Training on safe food handling could not be located. 3. Staff E was hired 7-1-19. She received training on safe food handling 8-16-19. 4. Staff F was hired 10-24-19. Training on safe food handling could not be located. When interviewed on 1-14-2020 at 3:52 p.m. the Director confirmed these findings and confirmed staff assisted with serving meals prior to training.	A 104		
A 116	481-69.29(2) Staffing 481-69.29(231C) Staffing. 69.29(2) In lieu of providing access to a personal emergency response system, a program serving one or more tenants with cognitive disorder or dementia shall follow a system, program, or written staff procedures that address how the program will respond to the emergency needs of the tenant(s). This Requirement is not met as evidenced by: Based on interview and record review the Program failed to follow its written procedures to respond to the emergency needs of the tenants. This pertained to 2 of 6 sample tenants (Tenant #3 and Tenant #6) and potentially affected all tenants in the north hallway. Findings follow: 1. Record review revealed the Program's 24 Hour Emergency Response Procedure indicated all dwelling units were equipped with emergency pull cords and prompt response to an activated call system will be provided 24 hours a day. Review of Emergency Preparedness for call light system	A 116		

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A 116	Continued From Page 20 malfunction revealed residents would be provided with a bedside bell or other sound making device and staff will conduct ongoing rounds to respond to resident needs. 2. Record review revealed an incident report for Tenant #3's dated 11-1-19 at 7:36 a.m. The report documented the call light was on in the hallway, but did not work to notify staff it was activated. Continued record review revealed an incident report dated 11-3-19 documented Tenant #3 approached staff in the lobby to report a fall and possible injury. Staff called 911 due to a cut on his head. Review of Progress Notes dated 11-13-19 revealed he fell in his bathroom on 11-1-19 and required assistance to get up off the floor with no visible injuries. 2. Record review revealed a Staff Communication Report dated 12-8-19 at 12:30 a.m. documented Tenant #6 reported shortness of breath and went to the hospital with a family member. When interviewed on 1-7-2020 at 9:07 a.m. Tenant #6 stated he had an episode of chest pains and shortness of breath and required staff attention. He pulled the emergency response cord in his bedroom and no one arrived. He stated it seemed like forever but may have been 20-30 minutes before he called his relative to inform her of his medical concerns. His niece called the Program to notify staff and they arrived in his room to assess the situation. He stated his niece transported him to the emergency room and later returned.	A 116		

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A 116	Continued From Page 21 When interviewed on 1-14-2020 at 4:47 p.m. Staff D stated he was notified of the call lights not working properly sometime in November. He stated the light would come on but the alarm would not sound. He stated he thought there was a short in the system as it would work intermittently. He stated a company came right away to assess but they did not work on this type of alarm system. The Program found a provider to work on the system, scheduled to arrive 1-17/2020. He stated he worked for the Program approximately seven months and had not completed any checks on the alarm system for the assisted living and was unable to find any documentation from the previous maintenance director of any maintenance done on the system. When interviewed on 1-14-2020 at 11:14 a.m. the Registered Nurse (RN) confirmed she had concerns with the call lights not working and texted the Director on November 1st to inform her of the issue. The RN stated the Director told her they had not been working for a few weeks and they were working on it. When interviewed on 1-14-2020 at 3:52 p.m. the Director confirmed these findings and stated the previous Administrator told her he was working on getting them fixed. She stated fifteen minute checks were implemented during the daytime hours and the night staff completed one time checks at 2 a.m. She confirmed tenants were not given a noise making device and planned to give tenants walkie-talkies.	A 116		
A 224	481-69.26(3)d 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	A 224		

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A 224	Continued From Page 22 updated within 30 days of the tenant ' s occupancy and as needed with significant change, but not less than annually. d. The service plan updated within 30 days of the tenant ' s occupancy shall be signed and dated by all parties. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed and failed to obtain signatures from all parties as required. This pertained to 3 of 6 tenants reviewed (Tenant #1, Tenant #3, and Tenant #4). Findings follow: Record review on 1-8-2020 revealed the following: 1. Tenant #1's file indicated an admission date of 9-17-19. No signature page could be located for the initial service plan dated 9-17-19. A service plan updated within 30 days could not be located and no signatures were obtained. 2. Tenant #3's file indicated an admission date of 5-17-19. No signature page could be located for the initial service plan dated 5-17-19. A service plan updated within 30 days could not be located and no signatures were obtained. 3. Tenant #4's file revealed the Hospice Medicare Benefit Election dated 8-8-19. Service Plan dated 6-27-19 failed to be updated to reflect admission to hospice care and no signatures were obtained. On 1-14-2020 at 11:14 a.m. the Registered Nurse confirmed these findings. She stated she discovered many issues with tenant service plans not updated by the previous nurse.	A 224		

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OK
5/14/20

✓
5/18/20

Plan of Correction

4/27/2020

Please accept this plan of correction for the areas noted on the review report which contains the results of the Complaint Survey conducted on 1/10/2020.

This plan of correction does not constitute an admission or agreement by the provider of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan is prepared solely because it is required by State and Federal Law.

Date of compliance for all insufficiencies will be completed on or before May 25, 2020.

IOWA CODE 481-67.3(1) TENANT RIGHTS

TAG A 012, ROOM ENTRY:

The staff involved were re-educated on the procedure for entering resident rooms by attending a mandatory in-service on 2/12/20.

The Assisted Living Director (ALD) provided mandatory in-service to Assisted Living (AL) staff related to the Universal Worker job description, specifically job function #40 to knock before entering tenant's apartment.

The ALD or designee will audit staff entering tenant rooms 2 times a week for 4 weeks then 1 time weekly for 2 months to ensure staff continue to follow procedure for entering tenant rooms. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 1, 2020.

IOWA CODE 481-67.5(1) (231B, 231C, 231D) MEDICATIONS

TAG A 029, MEDICATIONS:

The ALD reviewed of narcotic management requirements with staff C on or before 5/8/2020.

The ALD completed an audit on 5/1/20 to identify those tenants who have physician orders for narcotic medication.

The program hired a full-time RN for the assisted living who delegated staff by 4/10/2020.

The Delegating Nurse will audit 2 medication passes a week for 4 weeks then 1 per week times 2 months to ensure staff continue to follow narcotic management requirements.

Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 1, 2020

IOWA CODE 481-67.5(4) (231B, 231C, 231D) MEDICATIONS

TAG A 034, MEDICATIONS:

The program coordinated with Contracted pharmacy to have medications delivered on one specific day of the week. The RN completed an audit on 4/2/20 that included review and verification of current med planners with the MARS for accuracy and correct documentation for tenant's #1, 2, 3, 4, 5, and 6 and other tenants of the facility.

On 4/2/20 the RN educated the ALD related to the above process.

The ALD or designee will audit once a week to verify med planners match MARS and have doctors' orders for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 1, 2020

IOWA CODE 481-69.22(1) EVALUATION OF TENANT

TAG A 036, EVALUATIONS:

The program hired a full-time RN to complete evaluations prior to admission.

The ALD completed an audit by 5/1/20 to verify that evaluations have been completed for current tenants. Corrections made where needed.

The ALD provided education to the RN related to the requirements and expectations of tenant evaluations consist of Medical History/Physical/Functional Assessment.

The ALD or designee will audit all new admissions to verify evaluations are completed prior to admission for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 1, 2020

IOWA CODE 481-69.22(2) (231C) EVALUATION OF TENANT

TAG A 037, EVALUATION OF TENANT:

The program hired a full-time RN to verify the 30-day evaluations are completed.

The ALD completed an audit by 5/25/20 to verify that evaluations have been completed for current tenants. Corrections made where needed.

The ALD provided education to RN related to the requirements and expectations of tenant evaluations consist of Medical History/Physical/Functional Assessment.

The ALD or designee will audit 2 residents a week to verify the 30 day evaluations are completed for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 25, 2020

IOWA CODE 481-67.5(6) (231B,231C,231D) MEDICATIONS

TAG A 038, MEDICATIONS:

The ALD educated Staff A and Staff C on the requirement of medication assistance and documentation requirements on or before 5/8/20.

The program hired a full-time RN for the assisted living who delegated all staff medication assistance and how to follow the MAR on or before 4/10/2020.

The Delegating Nurse will audit 2 medication assistance weekly for 4 weeks then, 1-time weekly times 2 months to ensure staff continue to follow requirements for medication assistance and documentation requirements. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 8, 2020

IOWA CODE 481-67.9(4) (231B,231C,231D)(4) Staffing

TAG A 062, STAFFING:

The ALD completed medication assistance competencies with Staff A and Staff B on or before 5/8/20.

The program hired a full-time RN for the assisted living who delegated staff medication assistance and how to follow the MAR on or before 4/10/2020.

The Delegating Nurse will audit 2 medication pass a week for 4 weeks then, 1-time weekly times 2 months to ensure staff continue to follow requirements for medication assistance and documentation requirements. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 8, 2020

IOWA CODE 481-69.26(1) (231C)(1)(2) Service Plans

TAG A 083, SERVICE PLANS:

The program hired a full-time RN to update and complete all service plans.

The ALD/designee will complete an audit to verify assessments are current and make corrections as needed.

The RN has created a calendar to track resident assessment due dates. Assessments will be completed 30 days after admission, quarterly, annually, and if significant change occurs.

The ALD or designee will audit 2 assessments a week to verify they are being completed timely for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 25, 2020.

IOWA CODE 481-69.26(4)C (231C) SERVICE PLANS

TAG A 091, SERVICE PLANS:

The program hired a full-time RN to update and complete all service plans.

The ALD/designee will complete an audit by 5/1/2020 to verify service plans reflect third party providers and make corrections as needed.

The RN is individualizing the service plans to identify third party providers. The ALD or designee will audit 2 service plans a week to verify they identify third party providers for 12 weeks.

Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 25, 2020.

TAG A 092, SERVIC PLANS:

The program hired a full-time RN to update and complete all service plans.

The ALD/designee will complete an audit by 5/1/2020 to verify service plans reflect activity preferences and make corrections as needed.

The RN is individualizing the service plans to identify tenant's activity preferences. The ALD or designee will audit 2 service plans a week to verify they identify third party providers for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 25, 2020.

IOWA CODE 481-69.27(1)c NURSE REVIEW

TAG A 096, NURSE REVIEW:

The program hired a full-time RN to update and complete service plans.

The ALD/designee will complete an audit to identify tenant assessment due dates.

The RN has created a calendar to track resident assessment due dates. Assessments will be completed 30 days after admission, quarterly, annually, and if significant change occurs.

The ALD or designee will audit 2 assessments a week to verify they are being completed timely for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 25, 2020.

IOWA CODE 481-69.28(5)(231C) FOOD SERVICE

TAG A 104, FOOD SERVICE:

Current staff members completed a sanitation safety training on or before 2/26/2020.

The ALD or designee will monitor each new staff hire to verify that they receive Safe Food Handling training.

Staff obtained additional education through the ServSafe Food Handler online which was completed on or before 4/27/2020. Staff will be orientated to sanitation and safe food handling

prior to being allowed to handle food. Staff will also have an annual in-service training on food protection.

The RN or designee will audit 2 meals a week for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 1, 2020.

IOWA CODE 481-69.29(2)(231C) STAFFING

TAG A 116, STAFFING:

The audio on the call lights was fixed by Contracted Alarm Services on 1/21/2020.

To verify the call lights are working, the ALD or designee will do weekly audits for 12 weeks. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 1, 2020

IOWA CODE 481-69.26(3)D (231C) SERVICE PLANS

TAG A 224, SERVICE PLANS:

The program hired a full-time RN to update and complete all service plans.

The ALD/designee will complete an audit to identify tenant assessment due dates.

The RN has created a calendar to track resident assessment due dates. Assessments will be completed 30 days after admission, quarterly, annually, and if significant change occurs. Tenants and/or Responsible Party will sign service plans and will include RN and ALD signature upon completion.

The ALD or designee will audit 2 assessments a week to verify that necessary parties have signed the Service Plan. Audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed.

Date of compliance: May 25, 2020.

If you have any questions or you need any additional documentation feel free to contact me at any time.

Sincerely,

Shelli Dannenberg

Assisted Living Director

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