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
	S0304	A. BUILDING: _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFIELD PLACE	505 EAST GILMAN STREET SHEFFIELD, IA 50475

(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: 11 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 12 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	6/1/20 See attached POL 6/1/20	
A 058	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the new delegating	A 058		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 058	Continued From page 1 nurse documented a review to ensure all staff were trained and competent in all tasks. This pertained to 3 of 6 staff reviewed (Staff D, E and F). Findings follow: 1. Record review on 1-27-20 of the ALP Monitoring Entrance Form indicated the registered nurse (RN) Manager listed as the delegating nurse, hired 8-29-16. 2. Continued record review of a Nurse Delegations document revealed the RN Manager became the delegating nurse in October 2019 to the present time. There were three other nurses listed as delegating nurses prior to October 2019. 3. Further record review on 1-27-20 of Staff D's training documents revealed a hire date of 9-8-18. Staff D did not have nurse delegations completed or reviewed by the RN Manager, who was the current delegating nurse. Staff E's training documents revealed a hire date of 8-27-18. Staff E did not have nurse delegations completed or reviewed by the RN Manager, who was the current delegating nurse. Staff F's training documents revealed a hire date of 6-7-18. Staff F had nurse delegations completed; however, the delegations did not include the provision of all activities of daily living or blood glucose monitoring. 4. When interviewed on 1-27-20 at 3:50 and the time of the exit meeting the Nurse Manager revealed all nurse delegation documents were provided for the listed above.	A 058		

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A 149	Continued From page 2	A 149		
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received dependent adult abuse training within six months of hire. This pertained to 3 of 6 staff reviewed (Staff C, D and F). Findings follow: 1. Record review on 1-27-20 of Staff C's training documents revealed a hire date of 5-29-19. Staff C's training documents lacked the completion of a dependent adult abuse training course. Staff C had not completed a dependent adult abuse training within six months of hire. 2. Record review on 1-27-20 of Staff D's training documents revealed a hire date of 9-8-18. Staff D had a certificate for the completion of the Dependent Adult Abuse Mandatory Reporter Training dated 1-23-20. Staff D had completed the dependent adult abuse training course; however, it was not completed within six months of hire and there was no additional dependent adult abuse training provided for Staff D. 3. Record review on 1-27-20 of Staff F's training documents revealed a hire date of 6-7-18. Staff F's training documents lacked the completion of a dependent adult abuse training course. Staff F had not completed a dependent adult abuse	A 149		

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A 149	Continued From page 3 training within six months of hire. 4. When interviewed on 1-27-20 at 1:00 p.m. and 3:50 p.m. the Nurse Manager confirmed there was no additional dependent adult abuse training for the staff listed above.	A 149		
A 086	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan 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 obtain a signed service plan after a significant change. This pertained to 1 of 2 tenants reviewed (Tenant #1). Findings follow: 1. Record review on 1-27-20 of Tenant #1's file revealed an admission date of 9-28-17. Tenant #1's service plan was last signed by Tenant #1 on 9-25-17. The following were were updates made to the service plan:	A 086		

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A 086	Continued From page 4 -On 4-23-18 it was noted staff was to assist with dressing/shower as needed. Tenant #1 had broken her left thumb and was expected to return to her baseline when it was healed. -On 6-4-18 it was noted the brace could be removed and only worn at bedtime and dressing assistance would continue as needed until the thumb healed. -On 7-17-18 it was noted there were orders for physical therapy for the left knee. -On 2-5-19 it was noted Tenant #1 appeared to be pacing the halls in the evening. Staff administered Tenant #1's bedtime medications and ensured she was in the building before leaving. -On 4-18-19 it was noted a new order was received for Imodium. Tenant #1's service plan had not been signed by Tenant #1 since admission, including with significant changes to the service plan. 2. When interviewed on 1-27-20 at 3:50 p.m. the Nurse Manager revealed the most current service plan document was provided for Tenant #1.	A 086		
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	A 089		

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A 089	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans to reflect the identified needs of the tenants. This pertained to 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: Record review on 1-27-20 of Tenant #1's file revealed: 1. Record review on 1-27-20 of Tenant #1's file revealed a diagnosis that included: seizure disorder. The tenant list indicated Tenant #1 was a four or greater on the Global Deterioration Scale. Nurse's Notes indicated the following: -On 10-21-19 it was noted a Stop & Watch was written dated 10-18-19. The concern indicated Tenant #1 seemed nervous and agitated more at night. Tenant #1 could not put her thoughts in order, paced back and forth between hallways and checked the dryer several times in a short time period. -On 10-29-19 it was noted a Stop & Watch was dated 10-28-19. The concern indicated Tenant #1 seemed agitated, nervous and confused at night. -On 10-30-19 it was noted Tenant #1 pushed the automatic door opener to the entryway. She was in the entryway and kept pushing the opener. Staff asked if she needed help and she went to her apartment.	A 089		

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A 089	Continued From page 6 -10-31-19 it was noted Tenant #1 asked what day it was and said she did know how to get to the beauty shop, which she frequented on a weekly basis. -On 11-1-19 it was noted Tenant #1's family was notified of Tenant #1's increased confusion. -On 12-2-19 it was noted a Stop and Watch was dated 12-1-19. The concern indicated Tenant #1 did not know why the staff was there and did not know they ate supper on Sundays. -On 12-5-19 it was noted a Stop and Watch was dated 12-4-19. The concern indicated Tenant #1 came out three times in one hour to fold towels. Tenant #1 was confused and did not remember folding them, even after staff explained it to her. Staff said it had been a common experience with Tenant #1 at night. Tenant #1 showed more confusion and anxiety. -On 12-6-19 it was noted Tenant #1's family came in the day prior and Tenant #1's confusion and pacing was discussed. It was discussed how it was concern and a safety issue. Family wanted to try options; however, it was explained that it had been happening since October with no improvement. Tenant #1's family was notified that she was not meeting criteria and alternative placement would need to be determined by the end of the month. -On 12-10-19 it was noted Tenant #1's family stopped in to report family had been coming in every evening to redirect Tenant #1's behavior. Family said Tenant #1 was not coming out, as family had a conversation with Tenant #1 to stay in her apartment.	A 089		

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A 089	Continued From page 7 -On 12-10-19 it was noted that on 12-9-19 it was noted Tenant #1 was found sitting in the therapy room and was redirected her back to the hallway, as Tenant #1 did not know where she was. -On 12-26-19 it was noted Tenant #1's family was upset that staff encouraged Tenant #1 to come out of her apartment to help fold napkins. Family had given her a "direct order" to not walk the halls or fold the napkins and staff went against them and had her come out. -On 12-30-19 it was noted a Stop and Watch indicated Tenant #1 had been wearing the same clothes for the last few days. -On 12-31-19 it was noted a Stop and Watch was dated 12-30-19. The concern indicated Tenant #1 did not come down for supper and thought she had already eaten supper. -On 1-9-20 it was noted Tenant #1 asked where the salon was as she did not know where it was. Continued record review revealed the service plan (signed most recently by Tenant #1 on 9-25-17) reflected an update on 2-5-19 that indicated Tenant #1 appeared to be pacing the halls in the evening. Staff administered Tenant #1's bedtime medications and ensured she was in the building before leaving. The service plan did not reflect the concerns with Tenant #1's behavior as indicated above and interventions. 2. Record review on 1-27-20 of Tenant #2's file revealed diagnoses included: atrial fibrillation, congestive heart failure and hypertension. Continued record review revealed the service	A 089		

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A 089	Continued From page 8 plan dated 12-30-19 reflected staff administered Tenant #2's medication and stored them in the medication cart. The service plan also reflected Tenant #2 was administered Warfarin and to monitor for severe bleeding, red/brown urine and easy bruising. The January 2020 medication administration record (MAR) reflected seven entries that indicated Tenant #2 refused medications from 1-9-20 to 1-13-20. Further record review revealed Nurse's Notes dated 1-13-20 indicated Tenant #2 continued to refuse medications. He took the morning medications but refused the others. The primary care provider was called and indicated to move Tenant #2's Warfarin to the morning administration and to continue to offer the p.m. medications. The service plan dated 12-30-19 was not updated to reflect the medication refusals and interventions. 3. When interviewed on 1-27-20 the Nurse Manager revealed all current service plans were provided for the tenants listed.	A 089		
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	A 104		

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A 104	Continued From page 9 in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff who served food had an orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection. This pertained to 6 of 6 staff reviewed (Staff A, B, C, D, E and F). Findings follow: 1. Record review on 1-27-20 of Staff A's training documents revealed a hire date of 11-12-19. Staff A had a completed Conditional Employee or Food Employee Reporting Agreement dated 11-12-19; however, did not have an orientation on sanitization and safe food handling prior to handling food. 2. Record review on 1-27-20 of Staff B's training documents revealed a hire date of 10-29-19. Staff B had a completed Conditional Employee or Food Employee Reporting Agreement dated 10-29-19; however, did not have an orientation on sanitization and safe food handling prior to handling food. 3. Record review on 1-27-20 of Staff C's training documents revealed a hire date of 5-29-19. Staff C had a completed Conditional Employee or Food Employee Reporting Agreement dated 5-29-19; however, did not have an orientation on sanitization and safe food handling prior to handling food. 4. Record review on 1-27-20 of Staff D's training documents revealed a hire date of 9-18-18. Staff D had a completed Conditional Employee or	A 104		

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A 104	Continued From page 10 Food Employee Reporting Agreement dated 9-8-19; however, did not have an orientation on sanitization and safe food handling prior to handling food or an annual in-service on food protection. 5. Record review on 1-27-20 of Staff E's training documents revealed a hire date of 8-27-18. Staff E had a completed Conditional Employee or Food Employee Reporting Agreement dated 8-27-18; however, did not have an orientation on sanitization and safe food handling prior to handling food or an annual in-service on food protection. 6. Record review on 1-27-20 of Staff F's training documents revealed a hire date of 6-7-18. Staff F had a completed Conditional Employee or Food Employee Reporting Agreement dated 6-7-18; however, did not have an orientation on sanitization and safe food handling prior to handling food or an annual in-service on food protection. 7. When interviewed on 1-27-20 at 1:10 p.m. and 3:50 p.m. the Nurse Manager revealed Staff A, B, C, D, E and F all served food and all food safety training documents were provided for the staff listed above.	A 104		
A 155	481-69.35(1)c Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. c. Programs shall have private dwelling units with a single-action, lockable entrance door. This REQUIREMENT is not met as evidenced	A 155		

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A 155	Continued From page 11 by: Based on observation, interview, and record review the Program failed to have single-action lockable entrance doors on dwelling unit entrance doors. This potentially affected all tenants (census of 12). Findings follow: 1. Observation on 1-27-20 at 12:31 p.m. and 12:55 p.m. of an unoccupied tenant apartment revealed the dwelling unit did not have an single-action, lockable entrance door. The monitor was in the unoccupied apartment and the entrance door to the dwelling unit was locked (deadbolt lock). When the door lever was pushed down the lock did not release. 2. Record review on 1-27-20 revealed the Assisted Living Program Certificate indicated there were 16 double occupancy dwelling units. 3. When interviewed on 1-27-20 at 3:50 p.m. the Administrator confirmed there were 16 apartments and reported all apartments had the same lock.	A 155		

✓ 6/1/20

OK 5/28/20

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of state and federal law requirement. Without waiving the foregoing statement, the facility state with respect to:

A 058

Deerfield Assisted Living failed to ensure the new delegating nurse documented a review to ensure all staff were trained and competent in all tasks.

- Plan of Correction: Deerfield Assisted Living Manger Completed Assisted Living Nurse Delegations course on April 1, 2020. Director of Nursing is enrolled in upcoming AL Delegations course with LeadingAge.
- New Hires will not be able to work the floor until they are completed. Assisted Living Manager will review delegations quarterly and report to QA committee.

Compliance Date: 6/1/20

A 086

Tenant #1 revealed admission date of 9/28/17. Tenant's Service plan was last signed by Tenant #1 on 9/25/17.

Plan of Correction: Nurse Manager will assure that Tenants are signing their updated Service Plans annually upon completion, and with significant changes. Nurse manager created an Excel file to track annuals for a guide to see dates.

Nurse Manager will audit completion quarterly and report to QA committee.

Compliance Date: 5/1/20

A 104

Deerfield Assisted living did not ensure staff who serviced food had an orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection.

Plan of Correction: Deerfield Assisted Living Staff were all assigned Food Safety Course on Relias Learning that they will complete upon hire and annually. This is automatically generated on Relias Course Learning annually.

Nurse Manager will audit quarterly to assure compliance and will report to QA committee.

Compliance Date: 5/11/20

A 149

Deerfield Assisted Living staff lacked the completion of dependent adult abuse training within six months of hire, pertaining to 3 of 6 staff reviewed.

Plan of Correction: Upon Hire new staff are provided with login information pertaining to DHS Dependent Adult Abuse Training. They have step by step instructions to guide them with getting it completed. New Hires will be educated on if completion is not done within 6 months, we will remove them from the schedule until completion.

Nurse Manager will track new hires the first six months to monitor completion.

Compliance Date: 5/11/20

A 155

Deerfield Assisted Living failed to have single action lockable entrance doors on dwelling unit entrance doors. 16 apartments had the same lock.

Plan of Correction: Administration reached out to State Fire Marshal on guidance with selecting the appropriate single lock door handle. Door handles have been selected and ordered and have started to be installed. Due to COVID-19, receiving shipments have been delayed.

Compliance Date: 6/1/20