STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0211	A. BUILDING: _____ B. WING _____	C 01/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR VALE	100 POPPE LANE NASHUA, IA 50658

(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: 16 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 16 The investigation of Complaint #87102-C resulted in a regulatory insufficiency.	A 000		
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 the tenants. This pertained to 3 of 4 tenants reviewed (Tenants #2, #3 and #4). Findings follow: 1. Record review on 1-28-20 of Tenant #2's file revealed a diagnosis of dementia without behavioral disturbance. Nurse's Notes indicated the following: a. On 10-15-19 Tenant #2 fell from his bed onto the floor. Tenant #2 was assisted up and with	A 089	Upon change of condition tenant Will be added to a change of condition Flow sheet. When change of condition Is present an addendum will be Added to service plan with the Change and services added. Measures taken will be a flow Sheet and added addendum to Service plan. Cedar vale will audit weekly Change of conditions to make Sure all got added to flow Sheet and addendum added to Service plan. Quarterly QA will Be done to ensure compliance.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Tonya Allen TITLE manager (X6) DATE 6-1-20

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A 089	Continued From page 1 one assist and denied pain. b. On 11-5-19 it was documented Tenant #2 fell in his kitchen on 11-4-19. Tenant #2 complained of being stiff and sore on 11-5-19. c. On 11-6-19 an order was received for Advil 200 milligram (mg), three times daily as needed for pain with food and physical therapy (PT) to evaluate and treat. Continued record review revealed physician order sheets indicated the following: a. On 8-22-19 PT was ordered to evaluate and treat for shoulder weakness and transfer problems. b. On 10-17-19 Tenant #2 finished therapy c. On 12-18-19 Tenant #2 coughed at every meal for the past couple of months. A swallowing evaluation was requested and an order given. Further record review revealed Tenant #2's service plan dated 8-30-19 and 11-29-19 failed to reflect Tenant #2's history of falls, interventions, the initiation and discontinuation of PT services and the coughing at meals. 2. Record review on 1-28-20 of Tenant #3's file revealed diagnoses included: cerebral vascular accident, history of frequent falls, poor balance and impaired mobility. Review of Nurse's Notes indicated the following: a. On 9-3-19 Tenant #3 fell in her bathroom. She was assisted up with two assist and denied pain.	A 089		

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A 089	Continued From page 2 b. On 10-14-19 it was noted Tenant #3 slid from her bed to the floor in the early morning hours on 10-12-19. Tenant #3 denied pain. c. On 10-29-19 Tenant #3 fell in her kitchen as she went to sit on the chair and missed it. Tenant #3 denied pain. d. On 11-5-19 Tenant #3 fell and reported her leg gave out and she slid to the floor. Tenant #3 denied any injury. e. On 11-26-19 it was noted Tenant #3 slid to the floor in her bathroom on 11-25-19. f. On 12-3-19 Tenant #3 was found on the floor in her bathroom and reported her leg gave out. Tenant #3 denied pain. g. On 12-10-19 it was noted Tenant #3 was found on the floor in front of her recliner on 12-8-19. h. On 1-3-20 Tenant #3 was found sitting on the floor in front of her chair. Tenant #3 denied pain. i. On 1-5-20 Tenant #3 fell in her apartment when she lost her balance as she attempted to sit in her chair. Tenant #3 denied pain. j. On 1-18-20 Tenant #3 put herself on the floor as her leg was giving out. k. On 1-21-20 it was noted during th 90 day review Tenant #3 had eight incidents with her "easing" herself to the floor. She was aware when her balance was off and had been instructed by therapy to ease to the floor.	A 089		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 089	Continued From page 3 Continued record review revealed Tenant #3's service plan most recently dated 1-21-20 failed to reflect Tenant #3's history of falls and interventions. 3. Record review on 1-28-20 of Tenant #4's file revealed diagnoses included: obesity, chronic kidney disease and history of cellulitis of the left lower extremity. Nurse's Notes indicated the following: a. On 10-17-19 it was noted during the 90 day review Tenant #4 tried to convince staff dressings could be removed at bedtime, despite the order to stay intact between visits to the wound clinic. b. On 10-22-19 a culture was completed on Tenant #4's legs and an order received for Doxycycline 100 mg tablets to be taken twice daily. c. On 1-13-20 Tenant #4 received a diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA) of her leg. A new antibiotic was received. When interviewed on 1-28-20 at 11:20 a.m. the Nurse revealed Tenant #4 went to the wound clinic twice per week for leg ulcers. The Program did not complete any dressing changes. The Nurse reported Tenant #4 had MRSA and was treated with an antibiotic. Continued record review revealed Tenant #4's service plan dated 1-15-20 failed to reflect Tenant #4's wound and treatment, the wound clinic visits and MRSA with interventions and precautions.	A 089		

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A 089	Continued From page 4 4. When interviewed on 1-28-20 at 11:20 a.m. the Nurse revealed all current service plan documents were provided for the tenants listed above.	A 089		