DEPARTMENT OF INSPECTIONS AND APPEALS

10/29/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0198	A. BUILDING _____ B. WING _____	C 07/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS MEMORY SUPPORT AL	420 KENYON ROAD FORT DODGE, IA 50501

(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 for People with Dementia are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Memory Care Unit Number of tenants without cognitive disorder: 24 Number of tenants with cognitive disorder: 4 TOTAL census of Assisted Living Program for People with Dementia: 28 The following regulatory insufficiencies were cited during the Investigation of Complaint #91793-C. There were no deficiencies cited during the onsite infection control survey completed 7-9-2020.	A 000	The regulatory insufficiency involving Tenant #1 was reviewed and Service Plan updated July 20, 2020 to reflect the history of vomiting/GI problems along with history of UTI's causing hallucinations. The Program is initiating the following processes as a means to identify, update and review Service Plans for individualization: • Several days per week a morning huddle with nursing staff and Director to review resident notes and incidents from the previous day(s) to discuss and assign any possible Service Plan updates. Effective 8/17/20 • Program Staff, typically the Activity staff, will complete a resident bio/history along with activity assessment within 30 days of move in and review no less than annually for resident changes in activities and individualized programming. Effective 8/17/20 • Program Staff will be asked to complete a questionnaire, prior to a resident assessment being completed, asking questions directed toward individualized resident habits, routines including likes and dislikes which will be used to update Service Plans. Effective 8/17/20 By following this criteria each resident in the Gardens Memory Support Assisted Living should be reviewed and updated within a 90 day period and continue into the future.	
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 indicate identified needs and pretences in the service plan for 1 of 3 tenants reviewed (Tenant #1). Findings follow: On 7-9-2020 a review of Tenant #1's Resident Notes dated 4-1-20 to 7-6-20 revealed the tenant	A 089		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Denise Wieder — TITLE: Director of Assisted Living — (X6) DATE: 8-10-20

10/30/20

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A 089	Continued From page 1 had notified staff she vomited in her room on 4-1-20, 5-14-20, 5-23-20, and 6-2-20. The vomiting occurred occasionally after a meal. In addition, she reported seeing a cat in her room on 4-9-20, a dog and a cat under her bed on 4-29-20 and the Easter bunny standing over her on 5-18-20. When staff assured her each time there was nothing in her room she was fine. On 6-2-20 staff reported seizure like activity and vomiting while she was outside. Staff called 911 and Tenant #1 was admitted to the hospital for possible sepsis and UTI (urinary tract infection). On 7-8-2020 at 2:06 p.m. Staff B stated Tenant #1 enjoyed being outside in the courtyard even in warmer weather. She stated staff checked on tenants outside approximately every 15 minutes. She had called 911 on 6-2-20 when notified by another staff that Tenant #1 needed assistance after being outside and vomiting. On 7-8-2020 at 3:13 p.m. Staff C stated Tenant #1 required no assistance with activities of daily living and enjoyed sitting outside. Tenant #1 tended to be stubborn and refused at times to come inside when asked by staff. She stated she and other staff checked Tenant #1 at least every 15 minutes on 6-2-2020 due to the heat. On 7-13-2020 at 10:18 a.m. Staff A stated Tenant #1 went out to the courtyard as the evening meal arrived on 6-2-20. She checked on the tenant a few times and asked if she wanted to come in to eat but she said she wasn't ready. Staff A stated she completed visual checks each time she passed the windows to the courtyard while passing meals to the other tenants. Tenant #1 entered the unit and asked if she could eat outside and Staff A told her yes. Approximately 15 minutes later she tapped on the glass and Tenant	A 089	Over the next quarter of September, October and November, the Director and/or designee will do weekly audits on Service Plans completed the week prior to ensure resident bio/activity assessments along with Program Staff questionnaire is being completed and utilized to update the service plan.	

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A 089	Continued From page 2 #1 turned to her and winked. After approximately another 15 minutes went by, she passed the window and noticed Tenant #1 slumped in her chair and twitching. Staff A notified Staff B to call 911. Staff A approached Tenant #1 and noticed vomit on the ground. Tenant #1 responded when asked if she was ok. Staff pulled the chair with her into the unit and used fans and cool clothes to cool her down until Emergency Medical Technicians arrived. On 7-9-20 review of the tenant's Master Care Plan dated 6-12-20 revealed a score of 4 on her Mental Status Questionnaire which indicated mild cognitive impairment. She required assistance with medication administration but was independent in activities of daily living. The Care Plan failed to include history of sporadic vomiting after meals, occasional hallucinations, and preference to sit outside in hot weather. On 7-16-2020 at 2:15 p.m. The Assistant Director and The Registered Nurse confirmed the service plan failed to reflect Tenant#1's identified needs and preferences.	A 089		