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
	S0326	A. BUILDING: _____ B. WING _____	C 08/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS AT PRAIRIE TRAIL MEMORY C	1275 SW STATE STREET ANKENY, IA 50023

10/29/20

(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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 16 Total Census: 16 The following regulatory insufficiencies were cited during the onsite infection control survey and the investigation of Complaint #88833-C, 90669-C, 91508-C and 92296-C:	A 000	See Attached	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to follow Standard Operating Procedure for preventing respiratory	A 003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director | (X6) DATE: 10/19/2020

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A 003	Continued From page 1 outbreak. This potentially affected 16 of 16 tenants who resided in the memory care unit. Finding follows: Based on observations on 7/20/20 from 1:40 p.m. - 2:00 p.m. staff arrived to the building which included the memory care unit and a general population assisted living unit. When staff arrived they went to the memory care unit to be screened for possible symptoms of COVID 19. Further observations revealed staff walked through the general population area of the building. One staff wore a face mask that did not cover her nose as she arrived to the memory care unit for screening. The program's Influenza and Respiratory Outbreak Record policy (revised 3/11/20) was reviewed on 8/5/20. Under the heading of Infection Control measures for Influenza and Respiratory Viruses the following directive was noted: restrict movements between AL(assisted living)/MC (memory care) neighborhoods. On 7/25/20 and 8/3/20 the Director contacted this surveyor to report a staff person had tested positive for COVID 19. Additionally on 8/3/20 the Director indicated a second staff person and tenant had tested positive for COVID 19. On 7/20/20 both staff were observed moving from memory care area of the building to the assisted living area of the building.	A 003		
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	A 036		

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A 036	Continued From page 2 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 complete evaluations prior to occupancy for 1 of 2 recently admitted tenants reviewed (Tenant #2). Finding follows: Record review on 8/3/20 revealed Tenant #2's Progress Notes noted a move in date of 6/3/20. Evaluations completed before occupancy could not be located. When interviewed on 8/3/20 the Director confirmed evalulations were not completed prior to Tenant #2 taking occupancy.	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	A 037		

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A 037	Continued From page 3 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 complete evaluations within 30 days of occupancy for 2 of 2 recently admitted tenants reviewed (Tenant #1, Tenant #2). Finding follows: Record review on 8/3/20 revealed Tenant #1's Progress Notes noted a move in date of 6/19/20. Evaluations completed within 30 days of occupancy could not be located. When interviewed on 8/3/20 the Director confirmed evaluations were not completed within 30 days of occupancy. Record review on 8/3/20 revealed Tenant #2's Progress Notes noted a move in date of 6/3/20. Evaluations completed within 30 days of occupancy could not be located. When interviewed on 8/3/20 the Director confirmed evaluations were not completed within 30 days of occupancy.	A 037		

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A 084	Continued From page 4	A 084		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to develop a preliminary service plans for for 2 of 2 recently admitted tenants reviewed (Tenant #1 and #2) Finding follows: Record review on 8/3/20 revealed Tenant #1's Progress Notes noted a move in date of 6/19/20. An initial service plan based on evaluations before occupancy could not be located. When interviewed on 8/3/20 the Director confirmed this finding. Record review on 8/3/20 revealed Tenant #2's Progress Notes noted a move in date of 6/3/20. Record review revealed the Program failed to complete an initial service plan based on evaluations before occupancy for Tenant #2. When interviewed on 8/3/20 the Director confirmed this finding.	A 084		

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A 085	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans within 30 days of occupancy for 2 of 2 recently admitted tenants reviewed (Tenant #1, Tenant #2). Finding follows: Record review on 8/3/20 revealed Tenant #1's Progress Notes noted a move in date of 6/19/20. Record review revealed the Program failed to update Tenant #1's service plan within 30 days of occupancy. When interviewed on 8/3/20 the Director confirmed this finding. Record review on 8/3/20 revealed Tenant #2's Progress Notes noted a move in date of 6/3/20. Record review revealed the Program failed to update Tenant #2's service plan within 30 days of occupancy. When interviewed on 8/3/20 the Director confirmed this finding.	A 085		

October 19, 2020

✓ 10/29/20

Department of Inspections and Appeals
Attn: Linda Kellen
Lucas State Office Building
321 East 12th St
Des Moines, IA 50319

Subject: Plan of Correction for Vintage Hills Assisted Living Memory Care

This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the Community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding.

Please accept the following Plan of Correction as outlined below:

A. ***481-67.2 Program policies and procedures***. The Program shall follow the policies and procedures established by a program. Failed to follow Standard Operating Procedure for preventing respiratory outbreak.

1. ***Corrective Action***: The staff screening form was moved while the surveyor was still in the building from the Memory Care unit to the time clock area. The staff screening form was moved again on 10/12/20 to the two entrances/exits that staff uses. This will prevent possible contamination before being screened.

2. ***Measures to ensure the problem does not recur***: All staff were in-serviced regarding restricting movement between Assisted Living and Memory Care during an outbreak. This training was completed by 10/20/2020.

3. ***How the Program plans to monitor performance to ensure compliance:*** The Executive Director (or designee) will audit the screening logs at a minimum of weekly for each station to ensure proper screening prior to entering the Assisted Living or Memory Care unit. The results will be reported to the Quality Assurance committee for three months and determine if further monitoring is required.

4. ***Date of Compliance***: Corrective action has been taken and completed on October 20, 2020.

B. ***481-69.22(1) Evaluation of Tenant.*** Evaluation prior to occupancy.

1. ***Corrective Action***: Tenant #2 was discharged from the community on 7/28/2020 and is no longer in the community

✓ DPt 10/29/20

2. ***Measures to ensure the problem does not recur***: The Executive Director (ED) will ensure that the Memory Care RN reads and understands evaluation timelines as stated in Chapter 69 481-69.22(1).

3. ***How the Program plans to monitor performance to ensure compliance:*** The Quality Assurance committee will review all Memory Care admissions to ensure a functional cognitive and health status evaluations were completed prior to occupancy. The Quality Assurance committee will monitor for three months to determine if further monitoring is required.

4. ***Date of Compliance***: Corrective action has been taken and completed on October 20, 2020.

C. ***481-69.22(2) Evaluation of Tenant.*** Evaluation within 30 days of occupancy and with significant change.

1. ***Corrective Action***: Tenant #1 had lived in Assisted Living from 8/28/19 until he was discharged to ALPD on 06/19/20. Tenant #1 has had a full comprehensive evaluation completed (including health, functional and cognitive assessments) on 07/17/20.

   Tenant #2 was discharged from the community on 7/28/2020.

2. ***Measures to ensure the problem does not recur***: The Executive Director (ED) will ensure that the Memory Care RN reads and understands evaluation timelines as stated in Chapter 69 481-69.22(2).

3. ***How the Program plans to monitor performance to ensure compliance:*** The Quality Assurance committee will review all Memory Care admissions to ensure a functional cognitive and health status evaluations are completed within 30 days of occupancy. The Quality Assurance committee will monitor for three months to determine if further monitoring is required.

4. ***Date of Compliance***: Corrective action has been taken and completed on October 20, 2020.

D. ***481-69.26(2) Service Plans.*** Develop a preliminary service plan.

1. ***Corrective Action***: Tenant #1 had lived in Assisted Living from 8/28/19 until he was discharged to ALPD on 06/19/20. His Assisted Living service plan on 04/27/2020 was his last prior to his discharge to ALPD on 06/19/20.

   Tenant #2 was discharged from the community on 7/28/2020.

2. ***Measures to ensure the problem does not recur***: The Executive Director (ED) will ensure that the Memory Care RN reads and understands service plan timelines as stated in Chapter 69 481-69.26(2).

3. ***How the Program plans to monitor performance to ensure compliance:*** The Quality Assurance committee will review all Memory Care admissions to ensure a preliminary service plan was developed prior to occupancy. The Quality Assurance committee will monitor for three months to determine if further monitoring is required.

4. ***Date of Compliance***: Corrective action has been taken and completed on October 20, 2020.

E. ***481-69.26(3) Service Plans.*** Update service plans within 30 days of occupancy.

1. ***Corrective Action***: Tenant #1 had lived in Assisted Living from 8/28/19 until he was discharged to ALPD on 06/19/20. His Assisted Living service plan on 04/27/2020 was his last prior to his discharge to ALPD on 06/19/20. A new comprehensive evaluation will be completed by 10/20/2020 along with a new signed service plan.

   Tenant #2 was discharged from the community on 7/28/2020.

2. ***Measures to ensure the problem does not recur***: The Executive Director (ED) will ensure that the Memory Care RN reads and understands service plan timelines as stated in Chapter 69 481-69.26(3).

3. ***How the Program plans to monitor performance to ensure compliance***: The Quality Assurance committee will review all Memory Care admissions to ensure an updated service plan was developed with 30 days of occupancy. The Quality Assurance committee will monitor for three months to determine if further monitoring is required.

4. ***Date of Compliance***: Corrective action has been taken and completed on January 02, 2020.

If you have any questions or concerns, please feel free to contact me at jclindaniel@thevintagehills.com or (515) 639-2191.

Sincerely,

Jim Clindaniel
Executive Director